



Behavioral Health and Recovery Services (BHRS)

Cultural Competence Strategy Updates (FY21-22)

Updates based on the last San Mateo County Cultural Competence Plan 2020-2021 (please refer to plan for additional detailed activities that are continuing)

Previous Cultural Competency Plan 2020-2021, includes 3 Year Review: [final-smc-bhrs-ode-cultural-competency-plan-20-21.pdf \(smchealth.org\)](https://www.smchealth.org/files/2021/06/final-smc-bhrs-ode-cultural-competency-plan-20-21.pdf)

Goal	Activities/Focus	YEAR ELEVEN (2020-2021)	YEAR TWELVE (2021-2022)
<p>Systematic Collection of Baseline Data, Tracking and Assessment Provide the mechanisms and processes used for the systematic collection of baseline data, on-going info about groups served. (Criterion 3)</p>	<p>Office of Diversity & Diversity (ODE) Indicators, Demographic Data and Satisfaction Surveys Institutionalize local data review as a practice (plan for demographic changes by region/clinic)</p> <p>Improve data gathering (e.g. unknown or unreported ethnicity)</p>	<p>In the midst of this momentous and timely work, the COVID-19 pandemic became an immediate and critical priority and has had a large and wide impact on Cultural Competence efforts in San Mateo County. Responding to the COVID-19 pandemic:</p> <ol style="list-style-type: none"> 1) the County intentionally prioritized our communities' health and wellness and shifted to activities dedicated to COVID-19 response and recovery, 2) allowed the County to expand the ways to engage with our communities including virtual meetings and telehealth services, 3) strengthened existing community relationships and partnerships, 4) BHRS leadership within San Mateo County (i.e., Board of Supervisors, County Manager's Office and the Health Department) sought out support from other divisions, 5) made intentional efforts to support our most vulnerable communities to amplify their voice and respond to their needs quickly, and 6) BHRS worked to address the needs of our workforce in assisting our clients and families, while caring for themselves. <p>In June 2020, the San Mateo County Board of Supervisors (BOS) adopted Resolution No. 20-394 in support of Black Lives Matter and in August 2020, the BOS adopted Resolution No. 20-584, which recognized racism as a public health crisis. Soon after on September 14, 2021, the BOS adopted Resolution No. 21-672 to advance and improve San Mateo County's racial equity efforts and confirming its commitment to efforts to increase racial equity through all County policies and programs; to</p>	<p>San Mateo County's Behavioral Health and Recovery Services (BHRS) continue to support our communities in responding to the impacts of the pandemic. Specifically, impacting change in the percentage of eligible clients who have received COVID-19 vaccination (eliminate any gap between this rate and the countywide rate). BHRS (County Equity Measure) work focused on conducting an outreach campaign that increased rates above the 80% goal for adults, incorporated vaccine outreach into the standard work of clinicians during the assessment process and ongoing care, and continue to monitor vaccination rates to evaluate the effectiveness of the standard work. As of November 2022, 94% of BHRS full clients had received at least one Covid-19 vaccination. Additionally, BHRS continues to:</p> <ul style="list-style-type: none"> • support the work of information sharing about Covid-19 vaccination clinics and benefits of vaccinations. • Continue to provide resources for community members to maintain engagement w/ BHRS (Telehealth, virtual meetings, interpreter services at virtual meetings, moving toward hybrid meetings, providing tablets and phones to clients). • Working toward our organization continuing to foster relationship with stakeholders where their voice as experts is included in decision making and they are informed of updates. • Continue workforce wellness activities every April, with focus on trauma informed and racial equity supports and learnings.

		<p>enhance educational efforts aimed at understanding, addressing, and combating racism in all forms to promote fairness and justice for our most impacted communities; and, to support collective liberation of all people in San Mateo County.</p> <p>In 2020, the BOS and County Manager's Office (CMO) made high profile public commitments to racial equity. A BOS' resolution condemning racial injustice sponsored by the President of the BOS, David Canepa, was approved, and the CMO took administrative actions designed to promote racial equity, including the appointment of San Mateo County's first Chief Equity Officer in April 2021.</p> <p>*San Mateo County has a total estimated population of 770,038. This is a 7.18% increase since 2010.</p> <p>*More than 446% of the County population five years of age and older spoke a language other than English at home.</p> <p>*Based on claims data, San Mateo served 1,136 clients in FY 2018-19, which was a slight decrease of 53 clients from CY 2018. San Mateo's penetration rate was on par with medium-sized counties in the 18-64 age group, higher in the 12-17 age group, and lower in the 65+ age group. The overall penetration rate (1.02 percent) was lower than medium-sized counties (1.06 percent) although slightly higher than the statewide average (0.93 percent).</p>	<p>In Summer of 2021 our BHRS African American Community Initiative brought to the attention of our Director the lack of African American Clinicians within our organization. Through numerous meeting and collaborations, these dialogues led to numerous system changes in our hiring and recruitment efforts. Specifically, BHRS leadership launched its first culturally informed recruitment brochure, where experience and knowledge of working with African American community members was highlighted. Additionally, the list of recruiting sites where the organization places job positings was expanded to include more diversity. Our ODE team also supported our hiring managers in having a question bank of DEIB questions and encouraged diversity (race/ethnicity, gender, LGBTQ, discipline) on all hiring panels. Lastly, in FY21-22 SMC engaged in a Racial Equity Employee Survey. 93% of County staff shared that it is valuable to focus on racial and social equity. Key findings will inform future directions.</p> <p>During this fiscal year, our San Mateo County's Equity Officer led our county in creating our first Countywide Racial and Social Justice Action Plan 1.0. This plan supports our divisions in working together to share resources, data and creative solutions. Under the Equity Officers directions multiple committees also moved forward the work of creating spaces for racial equity trainings/learning, creation of Community Engagement Toolkit, Equity Impact Assessment Resources, staff Affinity Groups and data portal for SMC workforce. Future work includes the completion of an online SMC Equity Hub.</p> <p>In FY21-22 BHRS began working on our long-term goal of embedding trauma and resiliency-informed policies and practices at every level of our system (Trauma & Resiliency Informed Systems Initiative, TRISI). The initial phase of this work is starting to create leads, committees, collaborations, and ultimately a road map to support our system toward our long-term goal. This initial work is also being incorporated into the current efforts of our BHRS Executive in creating our BHRS Strategic Plan and updating our Racial Equity work to formally include a trauma-informed lens (i.e.: Racial Equity Card updated to include Trauma-Informed focus).</p> <p>In January of 2021 our BHRS Executive Team (ET) began working with an expert consultant to 1) Increase the ability of the Senior Leadership team to achieve a racial equity action plan for the organization; 2) Achieve a</p>
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	<p>Review contract agencies' Cultural Competence (CC) Plans annually and provide feedback and recommendations</p>	<p>Fourteen (14) Cultural Competence Plans received. ODE Cultural and Linguistic Standards Team reviewed CC Plans with AOD and provided feedback and recommendations to agencies based on a rubric. Contractors continued to utilize the plan template.</p> <p>Summary of Successes 2020-2021</p> <ul style="list-style-type: none"> • Implementation of plan template for contractors to support data collection. • BHRS subcommittee dedicated to increasing BHRS leadership participation and communication with DEC and our Health Equity Initiatives, as part of our MCOB action plan. • Expansion of virtual trainings around cultural competence. • Additional funding will be available in FY 21-22 to support contractors 	<p>Eighteen (18) Cultural Competence (CC) Plans received ODE Cultural and Linguistic Standards Team reviewed CC Plans with AOD and provided feedback and recommendations to agencies based on a rubric. Contractors continued to utilize the plan template.</p> <p>Summary of Successes 2021-2022</p> <ul style="list-style-type: none"> • Increase in submissions (23% increase from last year). • DEC created a subcommittee to support contractors, the Cultural Competence Open Forum. This space to support contracted agency partners in their implementation and reporting of CLAS standards • ODE began dialogue around improve data collection, specifically reviewing other county processes and ways of gathering information. This work also entailed reviewing considerations with valued stakeholders.

		<p>needing the most support with language access services.</p> <p>Areas of Improvement 2020-2021</p> <ul style="list-style-type: none"> • Increase rate of plan submission. Only 42% of contractors submitted a plan FY 20-21, ODE has provided deadline extensions and has begun meeting with individual contractors to provide one on one support with plan development. • Aggregation of data from 2012 to present pending, to understand continuing trends and new challenges brought on by the COVID-19 pandemic. • Implementing more opportunities to inform contractors on CLAS requirements and their application still pending. The DEC will be working on a strategic plan in early 2022 that will include specific actions to address this need. 	<ul style="list-style-type: none"> • continued to expand virtual trainings and continued discussion with stakeholders regarding hybrid options. <p>Areas of Improvement 2021-2022</p> <ul style="list-style-type: none"> • Increase rate of plan submission, implementing new survey format for FY 22-23 reports. • continue to work to disaggregate data that is reported out in order to have a deeper understanding of community and workforce needs. In addition, ODE is participating and leading the Bay Area Ethnic Services Manager regional cohort. This is an opportunity to engage and learn from other jurisdictions, providing a discussion space for best practices to support the needs of the County and State.
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Multicultural
Organizational
Development

1) Multicultural Organizational Development (MCOD) continues to be implanted and analyzing work culture (please see poll results table included), now with the full support of the BHRS Executive team, each member will oversee a specific activity within the plan goals. This year, subcommittees began to form to complete tasks that will support workforce development, hiring practices and policy revisions.

2) Addition of County Equity Measure established to track the percent of staff who have taken at least 3 of the Harvard Implicit Association Tests. These tests will be used to help staff identify potential unconscious biases and help strengthen the leadership team.

3) Training of the Executive Team with Dr. Melanie Tervalon (co-creator of the Cultural Humility Curriculum), to support ongoing work and assignment of accountability partners. This structure will support the advancement of MCO.

1) Multicultural Organizational Development (MCOD) continues to be a BHRS priority this is being integrated into our system, several subcommittees (lead by Executive Team members) began to meet regularly and complete MCO action items. Other subcommittees are pending to get started due to changes in executive leadership and overall BHRS priorities. ODE continues to provide monthly updates for BHRS leadership.

BHRS MCO work has informed both Health and County equity measures via sharing of plan, work completed to retain, promote and hire diverse staff (equity interview questions, posing jobs in diverse recruitment sites, adding language to job posting encouraging diverse candidates, sharing Implicit Bias Training and learnings, Sharing Cultural Humility Training Learnings and sharing demographic surveys previously vetted by stakeholders.

In FY 21-22 ODE began recruitment for a Program Coordinator to support with implementation and tracking of MCO progress, this position is expected to be filled in 2023.

During this FY MCO became a standing agenda item at our monthly BHRS Leadership Team meeting and our Executive Team meetings.

2) County Equity Measure Results: In FY 21-22, BHRS provided 18 Implicit Bias Trainings to all staff in order to (a) identify implicit biases and how they affect interactions and communication with others, (b) explore personal biases via Harvard Implicit Bias Test and (c) discuss the influence of biases. A total of 353 participants attended the trainings, approximately 68% of the BHRS workforce. A total of 258 participants who attended submitted an evaluation, below are some of the findings:

- 97% of participants reported that the objectives of this training were met.
- 96% rated the information as relevant to their professional activities.
- 90% of participants rated the overall training as “excellent/good.”

BHRS will continue to provide this training twice per FY for new hires and pending staff.

3) Executive Teamwork with Dr. Melanie Tervalon: In FY 21-22 Equity Cohort Executive Members introduced entire Executive Team (ET) to Racial Equity in BHRS via all day presentation. During this time “accountability partners” were established to continue the work of exploring and learning together about racial equity issues. Racial Equity Card was updated and provided to ET members to support “holding equity at our core” and infusing equity lens into all our work. The Racial Equity Card was later shared with the Health GARE team and Health executives to support utilization and racial equity lens across Health.

The work of the ET Equity Cohort also established a permanent seat for the ODE Director.

With consultant and ET equity cohort members – support was provided to ensure racial equity was at center of strategic plan discussion and that continued learning occurred during this multi-day meeting.


Ongoing individual coaching and group coaching continued to consolidate the language, content and practices of Racial Equity, with a look toward spreading this framework throughout all departments, amongst all staff.

4) Alignment with Trauma-Informed Systems-BHRS has partnered with First 5, the County Office of Education, and Child and Family Services to complete a year-long assessment of our organization to determine the extent to which trauma-informed principals have been implemented and to create a roadmap of what steps need to be taken to become a trauma-informed organization. Representative of the various BHRS programs and work units are participating in two cohorts that will support the deployment of an assessment, analyze the results of the assessment, and then

			<p>formulate action steps to be taken to become a trauma-informed organization, as well as align these efforts with the broader MCOD action plan and the overall county equity efforts. Additionally, ODE is supporting that racial equity and trauma-informed work are threaded together to bolster the movement of this joint effort.</p> <p>5) Annual Workforce Wellness Events: In April 2022, BHRS hosted Workforce Wellness events where four 1.5-hour training webinars were provided by Laura Van Dernoot Lipsky, director of Trauma Stewardship Institute. Training and discussions were focused on:</p> <ul style="list-style-type: none"> • Keynote presentation • Direct Line Staff – Clinical Workforce members • Leadership Workforce members • Administrative and non-clinical Workforce members <p>Additionally, during this time Wellness kits were given to all workforce members and leadership hosted Ice Cream Socials in different regional spaces where all staff was invited.</p> <p>6. First SMC BHRS Employee Equity Award: The BHRS Workforce, Education, and Training Team identified the benefits of a yearly acknowledgment that honors workforce members who have shown passion, dedication, and action to bolster practices and policies that support equitable outcomes. This was the first year this award was given to a BHRS workforce Member. Our goal is to expand this program next year to recognize one Manager/Supervisor, one Direct Care/Administrative Team member, and one Executive Team member. The ODE team created this award to recognize the people who are living into our Multicultural Organizational Development vision.</p>
	<p>Understanding Cultural Humility All BHRS staff are required to complete Cultural Humility 101 as per our recent Policy 18-01: Cultural Humility, Equity and Inclusion Framework, established in February 2018.</p>	<p>Understanding Cultural Humility - All BHRS staff are required to complete Cultural Humility 101 as per our recent Policy 18-01: Cultural Humility, Equity, and Inclusion Framework, established in February 2018. Since the inception of this training, a total of 66% (307) of BHRS staff (including contracted providers) have completed the Cultural Humility Training, meeting our original metric goal of 65%.</p> <p>During fiscal year 2020-2021 BHRS had a total of 86 participants, 18% of the workforce eligible, including contracted providers, to complete a cultural humility training. Since the initial curriculum was designed to be provided in-person due to the topic areas covered, the COVID-19 pandemic further reduced capacity to provide robust training sessions, lowering participation. In 2019 and in 2021, two Cultural Humility Training of Trainers sessions were facilitated, a total of 10 new facilitators were trained, and we received guidance and permission to develop a virtual training based on the original curriculum. To encourage participation, weekend sessions for this training are being made available. Finally, this upcoming year there will be a BHRS subcommittee dedicated to overseeing the progress with this training and its provision, as part of our MCOD action plan.</p>	<p>Understanding Cultural Humility - All BHRS staff are required to complete Cultural Humility 101 as per our recent Policy 18-01: Cultural Humility, Equity, and Inclusion Framework, established in February 2018. Since 2017 759 BHRS staff have completed the Cultural Humility Training.</p> <p>This fiscal year 2021-2022 BHRS had a total of 94 participants, 21% of current BHRS workforce. Trainings have continued to be provided virtually, which has presented challenges with staff engagement and zoom fatigue. A cohort of Cultural Humility facilitators meets monthly to troubleshoot issues and continue to improve the training experience. This upcoming fiscal year the cohort will be focusing on the data collection tools eg: pre and posttest for this training and beginning the transition to hosting trainings in person.</p> <p>Again, there are no permanent positions supporting workforce education and training for BHRS currently, the Director position is currently vacant. ODE is working on hiring new staff and expects this position to be filled in 2023.</p> <p>In addition, a guide for participants taking virtual trainings was developed using the principals of Cultural Humility as a foundation. The Cultural Humility Group started work at the end of this fiscal year to prepare for another Training of Trainers for next FY.</p>

	<p>BHRS staff who have direct client contact are required to complete the Working Effectively with Interpreters in the Behavioral Health Setting training upon hire and complete a refresher every 3 years.</p>	<p>BHRS had a total of 32 new hires this FY 20-21 including regular, extra-hire, relief, and interns. Of these new hires 29 provide some direct service and interact regularly with clients and/or community. Of these direct staff 45% (13) took the Working with Interpreters in Behavioral Health Settings training. Since the inception of this training in 2010, BHRS has trained a total of 308 active staff, approximately 66% of our current workforce. Of this group, 37% (114) have taken a refresher. This Fiscal Year (FY) 2020-2021, a total of 93 BHRS staff completed this training. The training was adapted to be provided virtually over 2 sessions. Participants received additional information on video remote interpretation. BHRS new staff participate in multiple orientations. New staff are informed of the requirement to attend the “Working with Interpreters in a Behavioral Health Setting” during the New Hire Orientation, the BHRS Internship Orientation and the Onboarding Orientation provided by the BHRS Payroll/HR. Supervisors are also asked to inform their new hires during their team onboarding process. New hires are also given BHRS policy documents referencing this requirement. Lastly, the training was assigned via the BHRS LMS when the session was offered virtually due to the COVID pandemic. Generally, two in-person Working with Interpreters in a Behavioral Health Setting are provided annually (April and October). There are some barriers impacting this ongoing goal. Staff are hired over the course of the fiscal year. The course has been offered, primarily, in-person. However, the largest attendance was during the Shelter-in-place related to the COVID-19 pandemic. Additionally, some staff have difficulty attending in-person and/or virtual trainings with a full caseload and many being reassigned to support our County Covid-19 response. Additionally, the BHRS New Hire Orientation (provided by the Workforce Education and Training Team) wasn’t offered this past fiscal year due to COVID and staffing vacancies and is typically only offered once a year due to its labor-intensive organization (3 Sessions).</p>	<p>This Fiscal Year (FY) 2021-2022, a total of 74 BHRS staff completed this training. The training was adapted to be provided virtually over 2 sessions. Participants received additional information on video remote interpretation.</p> <p>BHRS had a total of 42 new hires this FY 21-22 including regular, extra-hire, relief, and interns. Of these new hires 34 provide some direct service and interact regularly with clients and/or community. Of these direct staff 7% (3) took the Working with Interpreters in Behavioral Health Settings training. The training schedule conflicted with other BHRS staff meetings, and this year we also saw an increase in BHRS contracted staff participating and completing this training.</p> <p>BHRS new staff participate in multiple orientations. New staff are informed of the requirement to attend the “Working with Interpreters in a Behavioral Health Setting” during the New Hire Orientation, the BHRS Internship Orientation and the Onboarding Orientation provided by the BHRS Payroll/HR. Supervisors are also asked to inform their new hires during their team onboarding process. New hires are also given BHRS policy documents referencing this requirement. Lastly, the training was assigned via the BHRS LMS when the session was offered virtually due to the COVID pandemic. Generally, two in-person Working with Interpreters in a Behavioral Health Setting are provided annually (all and Spring sessions).</p> <p>There are some barriers impacting this ongoing goal. Staff are hired over the course of the fiscal year. There are no permanent positions supporting workforce education and training for BHRS currently, the Director position is currently vacant. The ODE is working on hiring new staff to support this.</p>
	<p>How to be an Effective Interpreter</p>	<p>This training is currently inactive due to contractual challenges with providers, the greatest being that BHRS would have to cover the cost for the interpreters’ time to take this training. A new contract cycle beginning 21-22 will be an opportunity to introduce alternatives to meet this gap. Such as requiring all providers to go over an introductory document that prepares interpreters to work in the behavioral health setting in San Mateo County.</p>	<p>This training continues to be inactive due to contractual challenges with providers, the greatest being that BHRS would have to cover the cost for the interpreters’ time to take this training.</p> <p>Contracts were extended through June 2023. Therefore, the contract renewal/RFP cycle will begin in November 2022 for FY 2023-2024 this will provide an opportunity to introduce alternatives to meet this gap. Such as requiring all providers to go over an introductory document that prepares interpreters to work in the behavioral health setting in San Mateo County.</p>
	<p>MHSA Loan Repayment Program</p>	<p>Not active in 2020-2021</p>	<p>MHSA Loan Repayment Incentives Awarded to Thirty-Five Staff</p> <p>Through Mental Health Services Act (MHSA) funding and in collaboration with other counties in the Bay Area region and the California Mental Health Services Authority (CalMHSA), San Mateo County launched a student loan repayment program to provide a financial incentive to retain currently qualified, eligible employees in “hard to fill/retain” positions in county-operated settings or contracted, community-based mental health agencies. Thirty-five eligible employees at BHRS and contracted providers were awarded financial incentives in amounts of up to \$15,000 toward repayment of educational loans in exchange for a 12-month service obligation. The MHSA Workforce Education and Training Loan Repayment Program is designed to retain mental health professionals who reflect the population served and who share the same ethnic, cultural, and linguistic backgrounds as the communities served. Through this</p>

			<p>program, BHRS seeks to support qualified employees who meet eligibility requirements and commit to their service obligations. Eligible “hard to fill/retain” positions include licensed and associate clinical social worker, marriage and family therapist, and professional clinical counselor; licensed psychologist, psychiatrist, and clinical psychiatric pharmacist; advanced nurse practitioners (psychiatric mental health nurse practitioner or nurse practitioner specialized in mental health); and certified substance use counselor (must be working in an integrated behavioral health setting).</p>
<p>Community Empowerment - Create opportunities for individuals with lived experience, families and community members to engage in decisions that impact their lives (Criterion 4)</p>	<p>The Parent Project® is a free, 12-week course for anyone who cares for a child or adolescent. The classes meet for three hours each week. Parents learn parenting skills and get information about resources and other support available in their communities.</p>	<p>San Mateo County (SMC) Behavioral Health and Recovery Services’ (BHRS) Office of Diversity and Equity (ODE) began offering the Parent Project® courses in 2010. To date, ODE has completed 85 courses and graduated approximately 1,263. Supporting program for Pacific Islander community- One East Palo Alto outreach efforts and StarVista (Peninsula Conflict Resolution Center) resource/materials packages.</p> <ul style="list-style-type: none"> * 96% feel confident about their parenting skills as a result of taking the Parent Project * 67% feel overall satisfied with the relationship with their child * 63% feel supported as a parent <p>Community Empowerment:</p> <ul style="list-style-type: none"> * 83% feel they can positively help their community after taking the Parent Project <p>Access:</p> <ul style="list-style-type: none"> * 83% responded knowing where to go to receive behavioral health services * 75% are more willing to seek behavioral health services for themselves and/or a loved one if needed <p>An ongoing challenge continues to be Program Coordinator position vacancy. A couple of ODE staff are supporting contractors and facilitators as much as possible. Response time and overall program monitoring has been affected, such as collecting 6-month survey data and data analysis.</p>	<p>San Mateo County BHRS ODE began offering the Parent Project® (PP) courses in 2010. Since its inception in 2010, The ODE has completed 91 courses and reached approximately 1,373 participants. During fiscal year 2021-2022, PP contractors served 110 participants across 6 classes with an average of 18 participants per class.</p> <p>Nearly all PP respondents reported satisfaction with their parenting skills (94%), and patience with their child (94%), both of which increased from pre-survey responses (83% and 71%, respectively). Nearly all respondents felt supported as a parent following the program (94%), an increase from pre-survey responses (78%). Additionally, respondents reported fewer difficulties relating to communication with their child (89% at pre to 56% at post).</p> <p>Some areas of concern increased among PP respondents at post- compared to pre-survey. For instance, PP respondents reported higher levels of concern about their child’s future (100%), depression and mental health (56%), alcohol use (33%), drug use (39%), and gangs (29%), compared to pre-program survey responses. This may be a result of increased awareness of these challenges for their youth as well as the current local and global environment. Surprisingly, PP respondents reported less satisfaction about their child’s grades at post-survey (73%) compared to pre-survey (80%). We will continue to monitor these findings and provide supports as requested and/or needed.</p> <p>In FY 22-23, the ODE will continue improving the implementation of the PP courses, improve participation by expanding program staff, partnering with key stakeholders, and building upon current course offerings. First, the ODE has hired a program coordinator to oversee PP (a position that was vacant since 2018), which will result in additional support for contracted facilitators and bolster program oversight and promotion. Secondly, the ODE will be working alongside contracted providers to rebuild relationships with schools and community partners to host more PP courses and expand program resources, such as behavioral health service information and presentations on relevant topics (e.g., vaping, bullying, and mental health support). Thirdly, the ODE will continue working with an external data consultant and other contractors to improve data collection processes and tools. Lastly, the ODE plans to resume in-person courses to re-engage participants and increase the number of graduates. These efforts are intended to better support, inform, and equip participants by bolstering the platform already made available by PP.</p> <p>Lastly, Parent Project presentations were offered at local schools to provide information and resources on this valued intervention.</p>

	<p>Health Ambassador Program (HAP) was developed as a response to feedback from the graduates of the Parent Project© who wanted to continue learning about how to appropriately respond to behavioral health issues and get involved within their communities and the broader BHRS decision-making processes.</p>	<p>In FY 20-21, monthly meetings have continued despite the program coordinator position being vacant. This year the health ambassadors were key in providing COVID support and outreach, these efforts included a PSA to promote vaccination and distributing mental health resource cards at vaccination sites. 10 new ambassadors graduated in May 2021. Ambassadors helped in April and May vaccination County clinics and were part of the "Vacuna, Mi bienestar, Mi comunidad" event with the purpose of reaching the communities most affected by the pandemic. The BHRS' Health Ambassador Program started a door-to-door canvassing in San Mateo, East Palo Alto, Redwood City and Half Moon Bay., where they distributed masks and flyers with the 5 most important messages that San Mateo County highlights about the COVID-19 vaccine and how to register to receive notifications for the next vaccination clinic. The one-on-one conversations and distribution of materials continue happening in Spanish at laundromats, grocery stores and food distribution centers. In addition to participating in a Stigma free virtual workshop and sex trafficking webinar and received training to become NAMI trainers.</p>	<p>In FY 21-22, HAP regained a program coordinator and worked on a series of community events to support with COVID response efforts. Additionally, with the new program coordinator ongoing, regular HAP meetings have resumed, providing support, resources and opportunities to our current Health Ambassadors.</p> <p>In October of 2021 our HAP lead began working with a contractor to streamline data collection and support data improvement efforts (screener and information gathering related to ODE's 5 key indicators - Self-Empowerment; Community Advocacy, Cultural Humility; Access to Treatment/Prevention Programs (Reducing Barriers); Stigma Reduction. Additionally, a process for tracking and supporting ambassador community events was created and is currently being implemented.</p> <ul style="list-style-type: none"> • 12/4th and 5th: HAP supported ST Raymonds Mental and Emotional Wellness event, providing resources and responding to community questions about behavioral health services, how to access services and learn more. • 2/7/22 HAP hosted Families with OMICRON: Stories & Resources- a livestream event that reached thousands of people around San Mateo County and other Bay Area Counties, as well as people tuned in from Mexico and El Salvador. The purpose of the event was to create a culturally appropriate/informative/healing space to: Share stories of Latinx families facing OMICRON, provide updated information on how to navigate the virus from an infection disease expert from Stanford University and share County resources.  <ul style="list-style-type: none"> • 4/26/2022 HAP was honored with the 2022 Tony Hoffman Community Mental Health Service Award in recognition of their instrumental work providing COVID-19 support and outreach. Including the creation of PSAs to promote vaccinations, the distribution of mental health support and an array of community virtual events (held in Spanish), including "La Vacuna, Mi bienestar, Mi Comunidad." Health Ambassadors also started a Door-to-door canvassing in San Mateo, East Palo Alto, Redwood City, and Half Moon Bay, where they distributed masks and critical resources for our communities.
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- 5/9/2022 HAP supported an outreach event at Sequoia High School for May Mental Health Awareness Month.
- 5/21/2022 HAP supported Sequoia Healthcare Districts Event Health Fair on the Square providing resources and answering questions about behavioral health services and supports.
- 06/05/2022 HAP volunteered at the 10-year anniversary of San Mateo County's PRIDE Celebration. The ambassadors helped collect demographic data of attendees to learn which communities were represented at the event. This support was offered in English and Spanish.

The Health Ambassador Program-Youth (HAP-Y)

In the last fiscal year, 33 youths went through HAP-Y programming in the three cohorts that were hosted. This includes the current group, Cohort 14, who are still going through the training program and will have their community involvement activities completed by December 2021. HAP-Y was able to smoothly transition into virtual programming. The Fall and Winter cohorts had more youth start and complete programming in comparison to in-person programming. One reason for this may be the accessibility to joining meetings virtually and not having to stress over finding transportation.

For the first time, youth were able to participate in planning and hosting an event for county-wide Mental Health Awareness Month efforts with the Office of Diversity and Equity. Two separate groups, made up of HAP-Y youth, were involved in these projects. A big challenge that HAP-Y staff encountered was outreach for the summer training sessions. To engage and provide a safe space to youth who identify as LGBTQ+, the summer cohort was LGBTQ+ focused cohort.

Another challenge that arose was the limited options for presentation opportunities for participants to conduct their individual presentations.

HAP-Y engages youth (ages 16-24) in trainings, conversations, and workshops around mental health and wellness. The goal of the program is for participants to become mental health agents in their communities and work to reduce stigma through mental health awareness presentations and resource sharing.

The program was offered virtually for the FY 21-22; to continue to make this program accessible to youth throughout San Mateo County.

Individuals Served	Definition	FY Total #
Unduplicated Clients Served	Number of individuals served in the primary program component(s), unduplicated counts.	31
Individuals Reached (duplicated)	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	143
TOTAL INDIVIDUALS SERVED	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	174

- 80% percent of the participants who completed program reported that participating in HAP-Y made them feel they were part of a community, and strongly agreed that HAP-Y has positively impacted their lives.
- For the first time since HAP-Y started, we had a youth come back to teach a workshop to latest cohort. With the support and guidance of their school professors and StarVista staff, Srimaye Samudrala who completed the program in 2020, founded the Lotus Project- an initiative to help start positive conversation about mental health and wellness to high school and middle school students.

			<ul style="list-style-type: none"> • HAP-Y experienced a low number in youth participation. A Youth Outreach Ambassador was hired to support recruitment and outreach efforts. • HAP-Y participants have expressed that social isolation and distance learning has drastically increased their anxiety around public speaking and socializing. Being mindful of this, HAP-Y staff have been more flexible when it comes to community involvement activities. • StarVista has experienced a lot of transitions as an organization. HAP-Y Program Coordinator was promoted to Program Manager, and recruitment started for a new coordinator.
	<p>Adult Mental Health First Aid (MHFA) is an interactive 8-hour public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Participants will gain an overview of mental illness and substance use disorders in the U.S., learn the risk factors and warning signs, build understanding of the impact of mental illnesses, and reviews common treatments. Those who take the course to become certified as Mental Health First Aiders learn a 5-step action plan encompassing skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.</p>	<p>Adult Mental Health First Aid Stigma Discrimination Reduction: * 83% feel that they strongly agree or agree that they are willing to take action to prevent discrimination against people with mental health conditions. Cultural Humility * 87% feel that spirituality can be a tool for recovery from mental health problems. * 80% feel that they strongly agree or agree that the adult mental health first aid training was relevant to them and their cultural background and experiences (race, ethnicity, gender, religion, etc.) * 70% feel that they strongly agree or agree that they have a better understanding of how mental health and substance use challenges affect different cultures through Adult Mental Health First Aid training.</p>	<p>Adult Mental Health First Aid (AMHFA) is an 8-hour public education course funded by the Mental Health Services Act (MHSA) and provided by San Mateo County’s BHRS ODE. The course introduces participants to the unique risk factors and warning signs of mental health problems in adults, builds understanding of the importance of early intervention, and teaches individuals how to help an individual in crisis or experiencing a mental health challenge.</p> <p>BHRS ODE works in partnership with other community organizations to facilitate AMHFA courses. In FY21-22, BHRS ODE contracted with trained instructors from Star Vista and Hope Oriented Wellness USA to facilitate courses, in addition to individual contractors. Course instructors provided 14 AMHFA courses to over 165 participants. Course participants include community members from a variety of backgrounds.</p> <p>In addition to the AMHFA course offerings, participants complete five surveys throughout the program to assess course outcomes. The five forms include (1) an application, (2) a pre-program survey, (3) a post-program survey, (4) a course evaluation form, and (5) a six-month follow-up survey. These surveys collect demographic and contact information. These surveys also evaluate outcomes by assessing participants’ confidence and changes in knowledge about mental health concepts.</p> <p>In addition, 9 “Be Sensitive, Be Brave” (BSBB) trainings were offered; 6 focused on Mental Health, and 3 on Suicide Prevention. These trainings reached approximately 180 participants.</p> <p>In partnership with the San Mateo County Mayors Mental Health Initiative, BHRS ODE introduced Mental Health First Aid to various cities during 2022 May Mental Health Month. The Mayors Mental Health Initiative is composed of 16 city Mayors (Atherton, Belmont, Brisbane, Daly City, Foster City, Half Moon Bay, Hillsborough, Menlo Park, Millbrae, Pacifica, Portola Valley, Redwood City, San Bruno, San Carlos, San Mateo, and South San Francisco) to support and address the growing mental health need throughout the county. One tactic to address this need is through mental health trainings. In April 2022, San Mateo County BHRS Director, Scott Gilman, was the keynote speaker at the 2022 San Mateo County Chamber of Commerce Progress Seminar, to describe and promote Mental Health First Aid just in time for the first set of trainings launched in May 2022.</p> <p>BHRS ODE worked with Star Vista to start piloting Teen Mental Health First Aid as part of their youth mobile crisis program. If the program is successful, the Teen Mental Health First Aid program can be expanded across San Mateo County schools and youth-serving community-based organizations.</p>

	<p>Storytelling Program emphasizes the use of personal stories as a means to draw communal attention to mental health and wellness. While reducing stigma and broadening the definition of recovery, workshops consider social factors such as racism, discrimination, and poverty.</p>	<p>In response to staffing shortages, this program is now offered in a limited capacity through an external contracted provider and through the Health Equity Initiatives, such as African American Community Initiative's event in May of 2021 "Hope for change" with ODE support. The Lived Experience Academy graduates also presented and shared their experiences, by sharing the graphic novel "#BeTheOneSMC Where there is life, there is hope" during May Mental Health Month events.</p>	<p>In response to staffing shortages, this program was on hold during FY 21-22. New program coordinator began in FY 22-23 program is expected to resume activity in 2023.</p>
	<p>MHSA Community Program Planning (CPP) Process engages in ongoing community input opportunities. MHSA CPP includes training, outreach and involvement in planning activities, implementation, evaluation and decisions, of clients and family members, broad-based providers of social services, veterans, alcohol and other drugs, healthcare and other interests.</p>	<p>This past fiscal year, in response to ongoing feedback from stakeholders for deeper engagement in MHSA, the MHSA Steering Committee was restructured. On October 7, 2020 the MHSA Steering Committee reviewed a proposed structure that would allow for increased meetings per year and working committees to recommend improvements on MHSA structures and programs. On November 4, 2020, the Mental Health and Substance Abuse Recovery Commission (MHSARC) voted to amend their bylaws to establish the MHSA Steering Committee as a Standing Committee of the commission and appoint chairperson(s) to work closely with the MHSA Coordinator to plan, develop goals and objectives, and report to the broader MHSARC monthly. The MHSA Steering Committee now meets four times per year in February, May, September, and December.</p> <p>Highlights</p> <p>1) Housing Taskforce: Early fiscal projections anticipated a recession due to the COVID-19 pandemic. Given this uncertainty, a strategic approach to addressing the input received during the MHSA Three-Year Plan development was proposed. Twenty-two strategies prioritized by stakeholders were organized under 5 MHSA Strategic Initiatives with the intent to engage stakeholders in deeper planning and develop strategy direction for MHSA investments for when revenue improved. Housing was the initiative prioritized by the MHSA Steering Committee. A Housing Initiative Taskforce was convened, between March and May 2021, to accomplish the following goals:</p> <ul style="list-style-type: none"> • Define a housing continuum of services for individuals living with mental illness • Identify gaps at all levels of support or intensity in treatment • Articulate and prioritize broad housing-related outcomes • Identify and prioritize activities to fund under each prioritized outcome • Taskforce members included 30 diverse stakeholders including clients, family members, service providers and County departments. <p>The Housing Initiative Taskforce began with a series of informational presentations including "Housing for BHRS Clients" and "Board and Care Housing Supports." Members then convened once a month, led by an MHSA housing consultant and the MHSA Manager.</p> <p>2) Youth S.O.S. (March 2021): The Youth Stabilization, Opportunity & Support (S.O.S.) Team start-up activities began in March 2021 with full implementation scheduled to launch July 1, 2021. The Youth S.O.S team is a non-law enforcement, trauma-informed, culturally responsive response to youth (age 0-21) who may be in a crisis anywhere in San Mateo County. The team will be dispatched via the StarVista Crisis Hotline, available 24 hours-per-day, 7 days-per-week. The Youth S.O.S. Team consists of a triage clinician and a family partner to help improve the families' level of comfort and trust, and support linkages and warm hand-offs for youth and families.</p>	<p>BHRS promotes a vision of collaboration and integration by embedding MHSA programs and services within existing infrastructures. San Mateo County does not separate MHSA planning from its other continuous planning processes. The Mental Health and Substance Abuse Recovery Commission (MHSARC), the local "mental health board", is involved in all MHSA planning activities providing input, receiving regular updates as a standing agenda item on their monthly meetings, and making final recommendations to the San Mateo County Board of Supervisors (BoS) on all MHSA plans and updates.</p> <p>MHSA STEERING COMMITTEE MEETING continues to play a critical role in the development of MHSA program and expenditure plans in San Mateo County.</p> <ul style="list-style-type: none"> • The Committee makes recommendations to the planning and services development process and as a group, assures that MHSA planning reflects local diverse needs and priorities. • Meetings are open to the public and include time for public comment as well as means for submission of written comments. • Roles and Responsibilities were developed to strengthen the representation of diverse stakeholders by including member composition goals related to stakeholder groups (e.g. at least 50% represent clients/consumers and families of clients/consumers; at least 50% represent marginalized cultural and ethnic groups; maximum of two member representatives from any one agency, etc.). • In response to ongoing feedback, the Committee was established as a Standing Committee of the MHSARC, requiring the appointment of 1-2 chairperson(s) to the committee. • The Committee meets four times per year in February, May, September and December. • Stakeholder participation continues to be promoted through various means, including flyers, emails, announcements, postings, community partners, clients/consumers, community leaders, and the public. • When comparing race/ethnicity demographics to San Mateo County census data, all but Asian (underrepresented by 15%) are comparable. • Communities of color are engaged in MHSA planning via the ODE Health Equity Initiatives, which represent 9 cultural and ethnic groups including: African American Community Initiative, Chinese Health Initiative, Filipino Mental Health Initiative, Latino Collaborative, Native and Indigenous Peoples Initiative, Pacific Islander Initiative, PRIDE Initiative, Spirituality Initiative, and the Diversity and Equity Council.

In response to the Family Urgent Response System (FURS), established by Senate Bill 80 and amended by Assembly Bill 79, which requires counties to develop and implement a mobile response system for current and former foster youth and their caregivers, BHRM and the Human Services Agency partnered to implement a coordinated effort. For current and former youth in foster care, the Youth S.O.S. Team will provide an immediate, in-person, 24/7 response. A comprehensive input process for Youth S.O.S. came after County-wide budget constraints and concerns related to ensuring an integrated approach to youth crisis response, led to the withdrawal of the RFP opportunity. Starting in October 2019, the Youth Committee of the Mental Health and Substance Abuse Commission (MHSARC) met monthly to plan an integrated approach to youth in crisis. See Appendix XX for the Youth S.O.S. Team Scope of Work and Flow Chart developed as part of this planning process.

3) MHSARC Annual Report (in progress) Highlights: Innovation, The Cariño Project in Half Moon Bay soft-launched July 1, 2020, in the midst of the COVID- pandemic and devastating wildfires. The lead organization, Ayudando Latinos A Soñar (ALAS), found itself with increased demand for mental health services. The Cariño Project brought increased culturally responsive mental health services, peer support groups, art and wellness activities, capacity building, outreach, and linkages to behavioral health services and resources for marginalized Latinx and farmworker communities. A virtual ribbon-cutting event was held in September 2020 to acknowledge the launch of The Cariño Project. Most recently, a Request for Quotes (RFQ) process was facilitated in collaboration with the Healthcare for the Homeless and Farmworker Health (HCH/FH) Program to identify the co-occurring substance use service provider for The Cariño Project. The services will include co-occurring substance use case management and early intervention services.

MHSARC Steering Committee Participant Demographics (Combined for Sep '21, Dec '21 and Feb '22)

Age Range		Gender Identity	
16-25	2%	Female/Woman	71%
26-59	66%	Male/Man	27%
60+	32%	Genderqueer/Gender Non-Conforming	2%

Race/Ethnicity



The San Mateo County MHSARC Annual Update FY 2021-22 (covering data from FY 2020-21) was presented to the MHSARC on March 2, 2022, where it was voted to open a 30-day public comment period and closing with a Public Hearing on April 6, 2022. A special meeting was held on April 20, 2022, where the MHSARC voted unanimously to submit the plan to the Board of Supervisors for approval.

PROGRAM PLANNING HIGHLIGHTS

San Mateo County has three Innovation projects approved in FY 2020-21.

1. Social Enterprise Cafe for Filipino/a/x Youth - Kapwa Kafe

Approved August 27, 2020; Launched October 2021

The proposed project is a cultural arts and wellness-focused Social Enterprise Cafe that offers youth development and mental health programming on-site. The Social Enterprise Cafe will hire and train at-risk youth from northern San Mateo County and serve as a culturally affirming space for Filipino/a/x youth and the community. The social enterprise model has proven to be a more sustainable funding approach. Annual projected number of participants served: 2,000 unique visitors; 300 referrals; 150 receive behavioral health services; 90 participate in services; 40 in full programming

2. Co-location of Prevention and Early Intervention Services in Low-Income Housing

Approved November 17, 2020; Pending RFP process

The proposed project will provide prevention and early intervention services including behavioral health resources, supports, screening, referrals and linkages to young adults, ages 18-25, on-site at affordable housing properties, minimizing stigma and reducing barriers to accessing behavioral health care. Annual projected number of young adults served: 150

3. PIONEERS Program

Approved December 10, 2020; Pending RFP process

The proposed project, Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve (PIONEERS) provides a culturally relevant, behavioral health program for NHPI college-age youth that prioritizes the mental wellbeing of students and their respective communities through empowerment, leadership and advocacy. Annual projected number of NHPI youth served: 45 direct; 30 through community projects

MHSARC WORKGROUP – FULL-SERVICE PARTNERSHIPS (FSP)

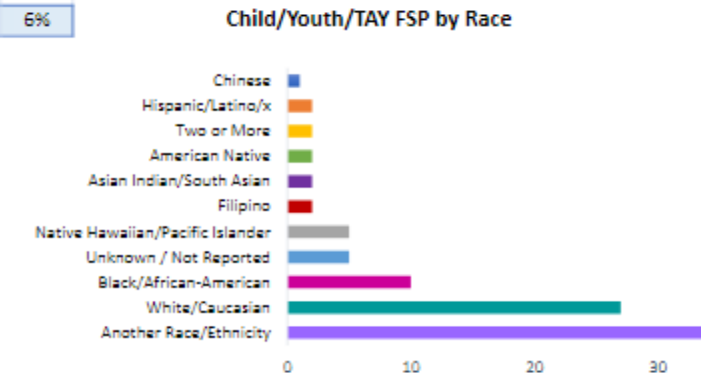
Within San Mateo County, the initial FSP programs, Edgewood, Fred Finch, and Telecare, have been fully operational since 2006. A fourth site, Caminar’s Adult FSP, was added in 2009. FSP programs do “whatever it takes” to help seriously

mentally ill adults, children, transition-age youth and their families on their path to recovery and wellness. Edgewood Center and Fred Finch Youth Center serve children, youth and transition age youth (C/Y/TAY) using the Wraparound model and Caminar and Telecare offer Assertive Community Treatment (ACT) services to adults, older adults, and their families.

FSP RACE/ETHNICITY DEMOGRAPHICS

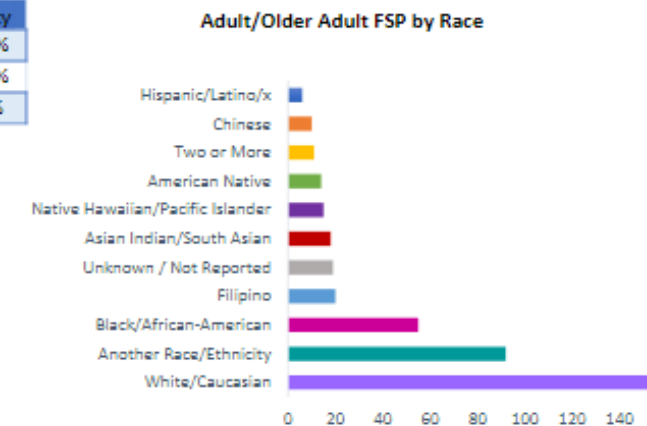
Child/Youth and Transition Age Youth FSP Client Demographics
FY 20/21 (total clients = 96)

Percent of FSP Clients by Ethnicity	
Hispanic or Latino	55%
Not Hispanic or Latino	39%
Unknown / Not Reported	6%



Adult and Older Adult FSP Client Demographics
FY 20/21 (total clients = 334)

Percent of FSP Clients by Ethnicity	
Hispanic or Latino	27%
Not Hispanic or Latino	64%
Unknown / Not Reported	9%



	<p>Grievance Process Office of Consumer and Family Affairs (OCFA) staff help resolve concerns or problems about individual rights relating to BHRS services received, including filing a grievance about services received from BHRS or providers. The grievance process considers all unique situations and circumstances, while listening with empathy, compassion and respect for clients' personal history and cultural values.</p>	<p>In FY 20-21 San Mateo County BHRS received a total of 87 grievances, a 19% increase from the previous year.: 63 for Mental Health services, 12 for AOD services and 15 specifically for youth services. Approximately 74% of grievances were about quality of care. Grievances past deadline: 0 Longest: 89 - Shortest: 1 Average days to resolution: 24 Ages: from 8 to 87 - Average: 42.3 Languages: English: 89 Spanish: 1 HPSM: 29 Medi-Cal: 56 Medicare: 1 Unknown: 4 MHSA grievances: 14 Program Improvements</p> <ul style="list-style-type: none"> • AOD/Access: Faster start of services for clients moving into SMC • Improved Shelter-in-Place programming, including expanding the availability of tech tools and inter-program learning collaboration • Transitional housing for vulnerable clients exiting AOD residential treatment. • Methadone client transferred to out of county clinic • FSP provider committed to improve documentation • Canyon Oaks Youth Center (COYC) implemented a trauma-informed way that is sensitive to youth's specific treatment needs during AWOL safety protocol. • COYC wrote a COVID-19 home visit protocol to be shared in writing with youth and their families. • COYC medication steward provided medication training for the staff person involved in the medication error and also provided training and an overview of youth medication changes during the following staff meeting 	<p>In FY 21-22 San Mateo County BHRS received a total of 115 grievances, approximately 28% increase from the previous year.: 82 for Mental Health services, 7 for AOD services and 26 specifically for youth services.</p> <ul style="list-style-type: none"> • Grievances past deadline: 0 • Longest: 80 days • Average days to resolution: 22.8 • Ages: from 9 to 85 - Average: 41.5 • Languages: English: 106 Spanish: 9 • HPSM: 40 • Medi-Cal: 63 • Medicare: 7 • Unknown/Other: 4 <p>Program Improvements:</p> <ul style="list-style-type: none"> • Alcohol & Other Drugs programs revised and improved policies and practices regarding groups, food guidelines. • Canyon Oaks Youth Center (COYC) leadership reviewed the Residential Counselors Plan and trained staff on appropriate therapeutic interventions related to "alters". • COYC reviewed adherence to Community Care Licensing Division (CCLD) regulations to respond with a more trauma-informed approach. • COYC management is working on providing trauma-informed training about the unique needs of COYC youth for all non-clinical staff.
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<p>Strategic Partnerships Strengthen and create new meaningful partnerships in the community to maximize reach and impact on equitable behavioral health outcomes. (Criterion 8)</p>	<p>Health Equity Initiatives (HEIs) were created to address access and quality of care issues among underserved, unserved, and inappropriately served communities. There are eight HEIs representing specific ethnic and cultural communities that have been historically underserved: African American Community Initiative; Chinese Health Initiative; Filipino Mental Health Initiative; Latino Collaborative; Native American Initiative; Pacific Islander Initiative; PRIDE Initiative; and the Spirituality Initiative.</p>	<p>Staffing for the co-chair’s positions were heavily impacted through the COVID-19 pandemic. HEIs were frontline in the COVID-19 pandemic response as they were a major source to communities for information. A lot of work was done, despite the transitions, to provide support through all HEI quarterly meetings. ODE also supported/planned the virtual 2021 CA Health Equity Summit: Healing Communities Beyond 2020: Our Health, Our Culture, Our Climate that took place on June, and purchased 25 tickets for BHRS staff, co-chairs, community members, SMC commissioners, HAP, youth, and contractors to support building community knowledge and capacity on health equity. Highlights & Accomplishments</p> <p>HEIs implement activities throughout San Mateo County that are intended to:</p> <ul style="list-style-type: none"> • Decrease stigma • Educate and empower community members • Support wellness and recovery • Build culturally responsive services <p>African American Community Initiative (AACI)</p> <p>One of the goals of AACI is to increase collaborative efforts with other HEI’s to identify the health needs of communities of color and ultimately decrease disparities for communities of color. Black History Month events in 2020 & 2021 focused on the mental wellness of African Americans of all ages. It acknowledged the chronic stress of racism and that everyday family challenges (such as securing resources, family stability) can add even more stress. The Initiative offered workshops and activities that provided coping strategies for the whole family to mitigate stress. Participants remarked that the workshops and speakers were very helpful and meaningful. The event planning began in the annual AACI strategic planning facilitated by Leanna Lewis. In FY 20-21 community members participated in and/or hosting the following AACI events:</p> <ul style="list-style-type: none"> • Black History Month Celebration • Black Lives in Recovery/ Told Through Our Stories of Anti-Racism-BLM • Suicide Intervention & Prevention for the African American Community • Race and COVID; Diversity and Equity Townhall meeting • Tabling Opportunities <p>Chinese Health Initiative (CHI)</p> <p>During the FY 20-21 the CHI created public spaces where members of the community, BHRS staff and other residents could feel comfortable openly talking about issues they would normally prefer to talk about in a private setting, namely immigration and suicide. With the opportunity to elevate these voices, community members feel more confident and less anxious about these issues. CHI participated in AANHPI Mental Health Day Proclamation, and tabling events in Daly City with Filipino Mental Health Initiative. CHI also planned and facilitated AAPI Hate event, monthly family support groups, an AAPI focused support circle for the county staff, and piloted a behavioral health mentoring program at Mills High School. CHI also collaborated with Millbrae library for the Mandarin Story Time event, and collaborated with Adult and Aging, Self Help for the Elderly and Travonde for series of promoting health education with the elderly population called Asian Be Well. CHI along with FMHI, Pacific Islander Initiative attended SMC API Caucus monthly membership meeting to present on recent hate crime against the API community.</p>	<p>The office of Diversity & Equity (ODE) began recruitment for a Senior Community Program Specialist to support the overall coordination and progress of the HEIs during FY 21-22, this position is expected to be filled in 2023. Current support is being provided via quarterly meetings with all the HEI co-chairs, this FY presentations were provided on how to collect participant demographic data and meeting progress notes to better document the impact of activities. In addition, there was an increase in collaborative work among the HEIs to support broader community events such as the SMC Pride Event, Day of Prayer and the Sana, Sana, Colita de Rana health forum.</p> <p>African American Community Initiative (AACI)</p> <p>One of the goals of The African American Community Initiative is to increase collaborative efforts with other HEI’s in order to identify the health needs of communities of color and ultimately decrease disparities for communities of color. Black History Month events in 2022 focused on Black History Month, "Black Health and Wellness", takes a look at how American healthcare has often underserved the African American community. Additionally, the AACI in collaboration with Voices of Recovery presented the Juneteenth Celebration: Freedom and Fatherhood. This event held great value to the community as it had various workshop opportunities such as the fatherhood panel, Discussion with the keynote speaker James Simmons. As the COVID-19 pandemic has recently shown, a widespread disparity of access to quality healthcare negatively impacts outcomes for blacks and other minorities. For African Americans, the root of the problem goes deep, and back centuries. It acknowledged the chronic stress of racism and that everyday family challenges (such as securing resources, family stability) can add even more stress. The Initiative offered workshops and activities that provided coping strategies for the whole family to mitigate stress. Participants remarked that the workshops and speakers were very helpful and meaningful. The event planning began in the annual AACI strategic planning. In FY 21-22 community members participated in and/or hosted the following AACI events:</p> <ul style="list-style-type: none"> • Black History Month Celebration • Juneteenth Celebration- Freedom and Fatherhood • Support the Intergenerational Conversation with the San Mateo PRIDE Center • Supported the 2022 Recovery Happens Event • Umoja Health San Mateo County • Information presentation – Social Ecological Determinants of Health • Tabling Opportunities <p>AACI co-chairs reached out to ODE and to the BHRS to share the memberships concern regarding the low number of African American clinicians within BHRS. This initial contact led to discussions about the history and the impact of this important issue and ultimately a cross-divisional meeting with our Health Chief to work together to address this absence. By highlighting and elevating this concern we were able to obtain pertinent data, create more culturally focused recruitments and increase the number of African American clinicians in BHRS. This work will continue next FY in order to keep ensuring the diversity of our workforce.</p> <p>Chinese Health Initiative (CHI)</p> <p>During the FY 21-22 the Chinese Health Initiative (CHI) created public spaces where members of the community, BHRS staff and other residents could feel comfortable openly talking about issues they would normally prefer to talk about in a private setting, namely immigration and suicide. CHI was able to collaborate with many different organization,</p>
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			<p>agencies, and county programs to provide education, information to CHI members. Partnership with Filipino Mental Health Initiative and the Pacific Islander Initiative helped us increase a commitment and understanding of common aspects of AAPI identity, struggles, and solidarity. We also increased collaboration with Self Help for the Elderly in order to better address the needs of monolingual Cantonese-speaking elders in San Mateo County. In FY 21-22 community members participated in and/or hosted the following CHI events:</p> <ul style="list-style-type: none">• Sherry C Wang, PhD on AAPI Mental Health, Covid-19, and Racism• Elaine Hsieh, PhD, RDN on Nutrition and Healthy Living for the Asian Elder Community• Be Sensitive Be Brave Mental Health & Suicide Prevention Workshop for Chinese Mandarin-speaking communities• Lung Cancer Prevention and Screening with Esther Chyan, RN• Adult Mental Health First Aid• Mills Mental Health Advancement Initiative Day• Tabling Opportunities
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Filipino Mental HEalth Initiative (FMHI)

In FY 20-21 the FMHI made efforts consisting of creating a community calendar where people could have access to outlets for social interaction and connection, as well as forming a bi-weekly support group (Kapwa Soul Sessions). This effort began in the fourth quarter of fiscal year 2019-2020 and FHMI was able to continue this through 2020-2021. These efforts aimed to address community needs brought on by the pandemic, but also focused on pointing them to the resources and support in the community. In addition, FHMI made sure the themes of Kapwa Soul touched on current events that were intensifying stress levels. Other COVID-19 responses included collaborating with other Filipinx organizations to create spaces for community, in the form of an open mic, to address both the pandemic and racial injustices that erupted after the death of George Floyd these events attracted 40 to 60 community members at each event: this included events in July, September and October of 2020. These served as vital spaces for expression and touched on topics that included political upheaval and unrest in the Philippines, how community has come together to support one another in the pandemic, addressed mental health issues, and served as a forum for many youths to connect with their culture and community.

FHMI also engaged a number of youth and community members to express themselves creatively through a project that aimed to address the emotions people were feeling about racial injustice and the Black Lives Matter movement. FMHI-SMC, together with the group made up of the COVID Bayanhihan Response (groups involved with open mic showcases, put a call out for community (especially youth) to be a part of this project. Over the course of several months, starting in June, FHMI onboarded a group of 9 youth and community members, and brainstormed, planned and carried out pre-production related activities – including the script writing. Ultimately due to many scheduling challenges, this project was postponed. Despite the challenges, it was a tremendous learning experience for everyone, as well as an opportunity to share each other’s passion, skills, and talents towards this endeavor; this was especially true for the youth participants, who described the experience as giving them purpose, voice, and opportunities to express themselves.

Overall, FMHI has had to think more creatively about how to continue engaging community and keep them informed, especially among our older adult Filipinx population that does not always access information online. As a result, the initiative created a wellness outreach campaign called the “Mano Po Project.” This included interfacing with elders and other vulnerable community members at places like one of the Daly City food bank distribution centers, where members volunteered to help hand out goods, while also providing important information about COVID-19 safety and mental health/wellness resources available in San Mateo County. These activities underscore the strengthening of FMHI’s approach to create activities that engage community members in a culturally responsive manner with the goal of building a consistent network of members, partners and collaborators who have successfully been doing this work in the community.

In FY 20-21, FMHI participated and/or hosted the following events and activities:

- Filipinx PSA planning/filming (in solidarity and response to BLM Movement) June 2020 - October 2020 – 9 attendees

Filipino Mental Health Initiative (FMHI)

In FY 21-22 the FMHI made efforts consisting of creating a community calendar where people could have access to outlets for social interaction and connection, as well as forming a bi-weekly support group (Kapwa Soul Sessions). This effort began in the fourth quarter of fiscal year 2019-2020 and FHMI was able to continue this through 2021-2022. These efforts aimed to address community needs brought on by the pandemic, but also focused on pointing them to the resources and support in the community. In addition, FHMI made sure the themes of Kapwa Soul touched on current events that were intensifying stress levels. Other COVID-19 responses included collaborating with other Filipinx organizations to create spaces for community, in the form of an open mic, to address both the pandemic and racial injustices. FHMI participated in the Fillipinx Wellbeing Conference at San Francisco State University where Christi & Alaina co-facilitating workshop: (Re)membering our Roots- this workshop is for registered youth 9th-12th graders interested in exploring Filipinx Identity. Topics that will be unpacked are family dynamics, Filipinx history & identity, knowledge of Self, and how to get help. Overall, FMHI has worked creatively about how to continue engaging the community and keep them informed, especially among our older adult Filipinx population that does not always access information online. As a result, the initiative created a wellness outreach campaign called the “Mano Po Project.” This included interfacing with elders and other vulnerable community members at places like one of the Daly City food bank distribution centers, where members volunteered to help hand out goods, while also providing important information about COVID-19 safety and mental health/wellness resources available in San Mateo County. These activities underscore the strengthening of FMHI’s approach to create activities that engage community members in a culturally responsive manner with the goal of building a consistent network of members, partners and collaborators who have successfully been doing this work in the community. In FY 21-22, FMHI participated and/or hosted the following events and activities:

- SOULidarity Healing Circle
- Mental Health First Aid training
- Kapwa Soul Sessions between July 2021 to June 2022
- Youth Engagement/Sala Talks
- BRIDGE Advisory
- Saints & Sentinels/Mano Po Project
- Suicide Prevention Month Events
- Black History Month
- Equity Through Arts Series
- Filipinx Kwentuhan: Equity through Art Webinar
- Filipinx Wellbeing Conference at SFSU: Remembering Our Roots

Latino Collaborative (LC)

In FY 21-22 the Latino Collaborative welcomed several presenters sharing local resources into its meetings. Because most members have direct contact with the community via direct services or outreach and prevention, these informational presentations can impact services. Additionally, the LC continued its efforts to provide the community with resources through its LC members and handing out physical information in English and Spanish. In FY 20-21, the LC participated and/or hosted the following events and activities:

- Sana, Sana In-person event
- Dia de los Muertos
- National Day of Prayer
- MH Advocacy for Spanish Support Groups via Faciliatory Trainings
- Caesar Chavez Day

- MHSOOC Public Hearing for Social Enterprise Cultural Center- 30+ attendees
- Daly City Bayanihan Showcase: Build that Self-Care for Back to School- 40+ attendees
- Daly City Bayanihan Showcase: Fiesta Celebrating Filipinx American History Month- 50+ attendees
- FMHI Co-chair and members speak at the Exceptional Women in Publishing Conference: Our Stories| Our World focused on mental health – 20 attendees
- DCP Volunteers: Mano Po Project – 8 attendees
- Mano Po Kwentuhan Korner Online Space (for sharing wellness and connection stories)- 14 attendees
- Kapwa Soul Sessions between July 2020 to June 2021- 6-10 attendees per session
- Daly City Bayanihan Showcase: People Power in a Pandemic- 40+ attendees
- Engaged in Mobilization for the Justice for Angelo Quinto Coalition (signed letter with 160+ orgs to advocate for Antioch officials to adopt mental health response- 200+ participants

Latino Collaborative (LC)

In FY 20-21 the Latino Collaborative welcomed several presenters sharing local resources into its meetings. Because the majority of members have direct contact with the community via direct services or outreach and prevention, these informational presentations can impact services. Presentations included:

- Stanford Health Care research program on COVID-19 clinical trials
- Catholic Charities on immigration policies
- Immigrant Posada/ Pilgrimage

In addition to resource sharing and promotion, LC members participated in the MHSOOC Community Program Planning Process. During the input session members provided specific suggestions (prevention, direct services, workforce education and training) to support complex cases in San Mateo County. The feedback and input collected was presented and considered for the MHSOOC budget. The LC was able to switch all interactions, activities, and documents to a virtual platform.

Native American Initiative & Indigenous Peoples Initiative (NIPI)

The NIPI has not only provided mental health resources to San Mateo County residents but has also contributed to the professional development of San Mateo BHRS providers through trainings and workshops Initiative members have organized. The collaboration with CBO-Nuestra Casa, Pride Center and Phoenix Garden-BHRS has provided NIPI with the exposure to work in the community.

Unfortunately, limited community members identify as Native/Indigenous are receiving services in sister counties i.e., San Jose Indian Health Center and San Francisco Indian Health Center. NIPI has partnered with SMC Libraires to further education to the community. NIPI is in the process of collaborating with San Jose Indian Health Services to increase outreach to San Mateo County and will continue to strengthen the relationship with Nuestra Casa East Palo Alto. NIPI's trainings throughout the year have increased (via ZOOM) interest with increasing traditional healing practices in a clinical setting as well as in the community.

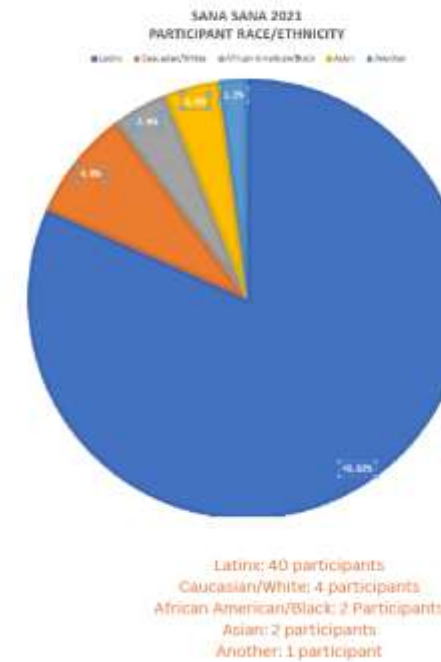
In FY 20-21, NIPI participated and/or hosted the following events and activities:

- Provider training - Native American Mental Health

- PRIDE Event 2022
- Immigrant Heritage Month
- Mental Health Awareness Month Events
- Resources and lunch with our coastal farm workers

The annual 2021 LC event, the Sana Sana was held in October 2021. Event data showed that 100% of participants that completed the post-event evaluation felt they would rate the event as Excellent (88/.89%) or good (11.11%). Also, 100% felt the event was sensitive to their cultural background and 89% felt that they know where to obtain mental health services in SMC after the event. Registration data provided the following information:

Event Registration Data



- Annual Indigenous Peoples Day: Promoting awareness to communities
- HOSTED Virtual Drumming and Spirituality as a Method of Healing and Recovery (collaboration with Spirituality)
- NIPI has partnered with SMC Libraires to further education to the community.
- Alcatraz honoring of Indigenous peoples

Pacific Islander Initiative (PII)

The FY 20-21 PII continued with strengthening its virtual work and outreach to the community due to COCOVID-19 restrictions. Partners alike gathered to discuss their hopes and goals for the Pacific Islander Initiative. Several partners who had purposefully disengaged from the group after losing trust in its leadership were able to return, speak about their experiences, and commit to re-engaging. With this tone shift, PII embarked on the third year of long-term planning, building a comprehensive five-year plan that includes a youth leadership and mental health career pipeline program (PIONEER). PII also changed its meeting time from 6pm to 11am and utilized virtual Zoom calls for all its meetings. Trust, engagement, and collaboration has greatly increased over the course of the past year.

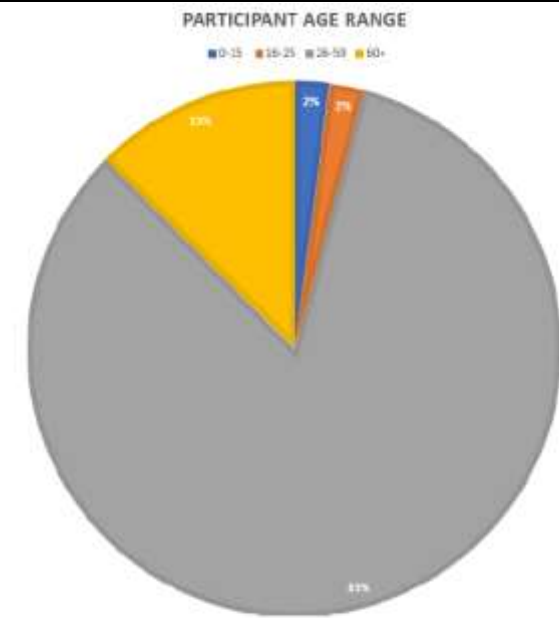
The Pacific Islander Initiative engaged with community members directly through events and community trainings throughout the year. PII has continued to focus on reducing stigma and increasing awareness about suicide in Pacific Islander communities.

In FY 20-21 PII participated and/or hosted the following activities and events:

- Hosted Series of Heal and Paint- Journey to Empowerment
- Leadership Workshop
- Native Heritage Month
- Provided COVID-19 support for PII community

PRIDE Initiative (PI)

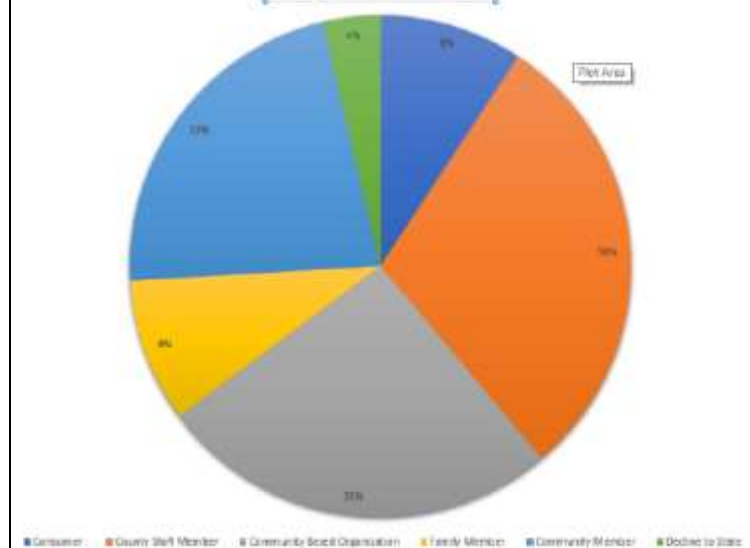
FY 20-21 the LGBTQ of San Mateo County has been deeply impacted by COVID19 and COVID-19 delta variant, which has limited-service availability and increased disparities in a community that already faced isolation. This year PRIDE felt it was particularly important to hold a PRIDE event due to the impacts of COVID-19 pandemic, racial injustices, and gender inequalities. The initiative decided to have another virtual Pride event, along with the help, of the Pride Initiative members and the LGBTQIA+ community partners, the initiative was able to shift the event from an in-person to a virtual one. The Pride Initiative met and decided to have an entire week of workshops and end the week with a Grand Finale celebration event. This included a Community SOGIE workshop; Transgender/ Nonbinary Inclusive-Resources workshop; Kaiser Gender clinic resources workshop; CORA Healthy LGBTQ relationships workshop; Aging & Adult services Panel; Health Equity Initiatives Outreach workshop; LGBTQIA Biblical workshop; and Coast pride services workshop. PRIDE had their Grand Finale hosted by DJ Ben which featured a diverse line up of entertainment and special guest local poets. Overall, 1,074 participants via social media attended during SMC Virtual PRIDE week 2021 and Grand Finale Celebration 2021. We also collaborated with San Mateo County Fair Grounds and collaborated for a Pride Day at the Fair 2021 event. And collaborated with SMC County Health for a Grand Rounds Pride Month presentation to medical practioners.



0-15 years: 1 participant
 16-25 years: 1 participant
 26-29 years: 40 Participants
 60+ years: 6 participants

Consumer: 4 participants
 County Staff Member: 16 participants
 Community-Based Organization: 14 Participants
 Family Member: 5 participants
 Community Member: 12 participants
 Decline to State: 2 participants

Participants Identified As:



Activities during this FY were impacted by having only one co-chair for a portion of the FY.

Native and Indigenous Peoples Initiative (NIPI)

The NIPI has not only provided mental health resources to San Mateo County residents but has also contributed to the professional development of San Mateo BHRS providers through trainings and workshops Initiative members have organized. The collaboration with CBO-Nuestra Casa, Pride Center and

		<p>In FY20-21, PRIDE participated and/or hosted the following events and activities:</p> <ul style="list-style-type: none"> • SMC Virtual PRIDE Week – 1,074 attendees • Pride Day at the Fair • SOGIE training • Pride Grand Rounds <p>Spirituality Initiative (SI)</p> <p>In FY 20-21 the Spirituality initiatives ongoing monthly meetings have become a place where a cross section of the community comes to learn more about San Mateo County BHRS, community partners/stakeholders, consumers, and family members of those with lived experience, furthermore the opportunity to interact with those who are in leadership positions have been rewarding for all. For instance, the meeting in April Rev. Jane Doty MacKenzie, of the Burling Presbyterian Church, presented highlights from her churches 60-page safety plan of guidelines for staff to reopen. SI members were able to ask questions, learn about the church’s successful parking lot services, and the outside worship experiences.</p> <p>Second, June of 2021, SI featured the community outreach person of the PRIDE Center, Marilyn Fernando, who spoke about the resources that are available for the LGBTQ+ community. The initiative also participated in the PRIDE event on June 8th, by collaborating and attending several celebrations/events through the month which expanded the insights to all those who attended. Since members of different faith communities attend the SI meetings along with family members, clinicians and those with lived experience, there is a healthy dialogue which is ensued. Throughout the year SI brings in speakers who enhance the understanding of BHRS and the surrounding community. During this FY 20-21 the SI held presentations that had impact upon those present as well as the broader community:</p> <ul style="list-style-type: none"> • Dr. Rev Janet Bower Care Ministry Seminar – Autism and Strategies for Parents, in January presented about their Feb 10t seminar • Isaac Frederick, both a BHRS counselor, SI Co-Chair and faith-based leader during February African American Month presented about the role of African American Athletics voice about social injustices and exercising their civil right to peaceful protest. • Poetry Reading – Poem written and read by Community member Tatiana; “PAUL ROBESON-SPEAK OF ME AS I AM”. • Burlingame Presbyterian Church spoke about their parent’s seminar to support children/youth safe transition to in-person learning. • Clinical Serv Manager Regina Moreno of BHRS presented about Labyrinth at Phoenix Garden. • Power Meditation and open discussion about Juneteenth. <p>This year the initiative collaborated with the African American Community Initiative on the first annual “Amazing Souls of Black Folks”. This is event recognized the resiliency of African Americans while facing systematic racisms, the historical contents of slavery, and post which included Jim Crow, and the prison-industrial complex, a short-film on the history of misdemeanors and how African Americans became targeted to prosecute at higher rates for free labor. Lastly, the Spirituality Initiative, along with San Mateo County Health, Office of Diversity & Equity, Office of Consumer and Family Affairs, Adult Resource Management, other county, and</p>	<p>Phoenix Garden-BHRS has provided NIPI with the exposure to work in the community. Unfortunately, limited community members identify as Native/Indigenous are receiving services in sister counties i.e. San Jose Indian Health Center and San Francisco Indian Health Center. NIPI has partnered with SMC Libraries to further education to the community. NIPI is in the process of collaborating with San Jose Indian Health Services to increase outreach to San Mateo County and will continue to strengthen the relationship with Nuestra Casa East Palo Alto. NIPI’s trainings throughout the year have increased (via ZOOM) interest with increasing traditional healing practices in a clinical setting as well as in the community. In FY 20-21, NIPI participated and/or hosted the following events and activities:</p> <ul style="list-style-type: none"> • Provider training - Native American Mental Health • Annual Indigenous Peoples Day: Promoting awareness to communities • HOSTED Virtual Drumming and Spirituality as a Method of Healing and Recovery (collaboration with Spirituality) • NIPI has partnered with SMC Libraires to further education to the community. • Alcatraz honoring of Indigenous peoples • Participated in numerous community events, providing the opening blessing and/or Land Acknowledgment • Created a NIPI Medicinal Garden at the Phoenix Garden Site. <p>Pacific Islander Initiative (PII)</p> <p>The FY 21-22 continued with strengthening its virtual work and outreach to the community due to COVID-19 restrictions. Partners alike gathered to discuss their hopes and goals for the Pacific Islander Initiative. Several partners who had purposefully disengaged from the group after losing trust in its leadership were able to return, speak about their experiences, and commit to re-engaging. With this tone shift, PII embarked on the fourth year of long-term planning, building a comprehensive five-year plan that includes a youth leadership and mental health career pipeline program (PIONEER). Trust, engagement, and collaboration has greatly increased over the course of the past year. During the pandemic, the community expressed a need for security and safety. PII linked families to needed services and resources by supporting COVID related campaigns and events. Additionally, PII has deepened their relationship and contact with the College of San Mateo MANA program, the co-chair Brittany Afu has been asked to join their advisory board. Partnership with the College of San Mateo has been helpful in referring students to the ethnic program and linking those students and their families to services and care. The Pacific Islander Initiative engaged with community members directly through events and community trainings throughout the year. PII has continued to focus on reducing stigma and increasing awareness about suicide in Pacific Islander communities. In FY 20-21 PII participated and/pr hosted the following activities and events:</p> <ul style="list-style-type: none"> • Hosted Series of Heal and Paint- Journey to Empowerment • Leadership Workshop • Provided COVID-19 support for PII community • Supported county and community efforts to provide tsunami relief to Tonga • Shared information and later discussed The film <i>Waterman which</i> explores the journey and legacy of Duke Paoa Kahanamoku, the Native Hawaiian who was a five-time Olympic medalist and undisputed father of modern-day surfing. • Supported Pacific Islander Youth by joining forces with Elite Financial Team to provide fiscal literacy and how to develop good financial
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community partners/stakeholders put on a series of virtual townhalls during the fiscal year beginning in June 2020 through January 2021. SI was instrumental in creating the Faith Based letter sent to faith leaders throughout the county in support of the COVID vaccine, correspondence about safety protocols, updates about plans to reopen, and resources for testing and vaccination sites throughout the county. Over 50 clergy/faith leaders signed the pledge. In addition, SI found two parishes – Daly City United Methodist Church and St Matthew Catholic Church who held an onsite clinic for vaccinations for their congregants as well as the surrounding community.

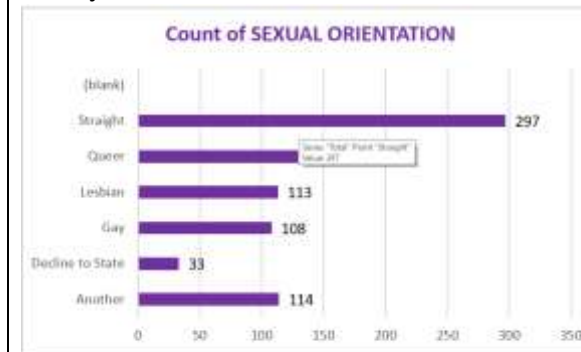
BHRS hosted Workforce Wellness Month (WFWM) in April 2021 to respond to staff burnout and collective trauma during Pandemic, infusing cultural healing practices into activities offered. These activities also included contracted providers as well. The Native & Indigenous Peoples Initiative collaborated with BHRS to host a healing ceremony at a local garden, this included activities for staff to commemorate loved ones and provided an ongoing space for community to gather. General results from the WFWM included: 90% of attendees reporting that session(s) were helpful in providing skills for their wellness/resilience or self-care, 88% reported that attending the session(s) provided them with new skills/tools or a sense of well-being that will help them to minimize the impact of the pandemic. Ninety-three percent reported that the speaker/trainer of their session demonstrated or discussed Cultural humility or sensitivity. This has provided BHRS with a baseline and direction to keep supporting the workforce

habits. This work was tied to mental wellness and self-care.

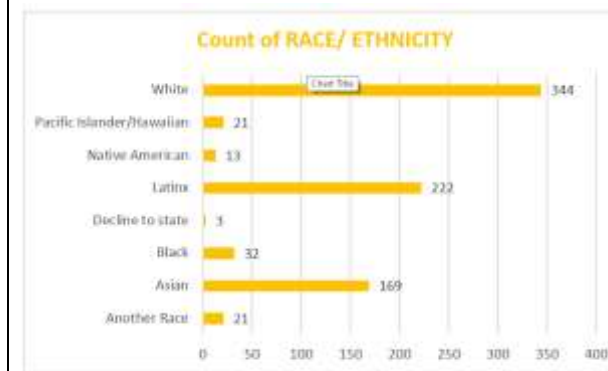
PRIDE Initiative (PI)

FY 21-22 The Pride Initiative experienced a difference in membership because we transitioned to an in-person Pride Celebration and as a result, more community members were interested in becoming members of the initiative both during and after the event. Another difference that occurred this year was the increase in youth participants at the Pride Celebration. It was remarkable to witness greater numbers of youth than in the past, that youth felt safe at the event to participate in greater numbers, and it is a testament to the reputation of the event. This is another difference that the work of the Pride Initiative has created by building upon the efforts of the last several years and based on survey data collected at the event, the reputation of the San Mateo Pride Celebration is that it is a family and pet friendly, clean and sober, relaxed and comfortable event, which not only sets us apart from all other events in the region, but it has also become a draw for attendees from outside the County. Pride Initiative members have contributed to events of other community organizations and the success of their events, such as the LGBTQ Commission and the Pride Center. The PRIDE initiative has shed light on the need to identify and promote LGBTQIA+ services and providers in the local community, transgender violence, the County’s outdated transgender policy, and access to the MPX vaccine. Lastly, the co-chairs of the Pride Initiative have promoted themselves in their leadership positions as community members that hold tremendous responsibilities and authority in their daily lives yet model the need and importance to lead and volunteer on the Health Equity Initiatives.

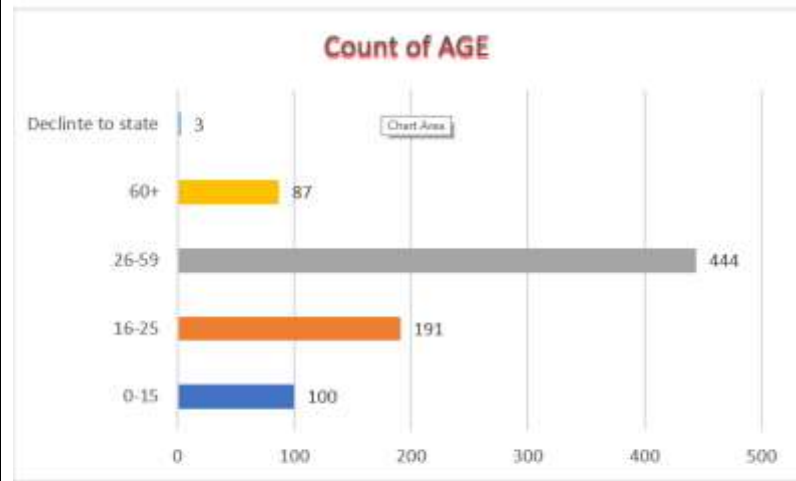
2022 Pride Celebration DATA: approximately 3000 people attended, and 826 surveys reviewed.



○ Straight: 297 ○ Queer: 147 ○ Lesbian: 113 ○ Gay: 108 ○ Decline to State: 33 ○ Another: 114



○ White/Caucasian: 344 ○ Pacific Islander/Native Hawaiian: 21 ○ Latinx/o/a: 222 ○ Decline to State: 3 ○ African American/Black: 32 ○ Asian: 169 ○ Another Race: 21



○ Decline to State: 3 ○ 60+: 87 ○ 26-59: 444 ○ 16-25: 191 ○ 0-15:100

The PRIDE initiative continues to create, support, and partner on LGBTQIA+ events, with the PRIDE Center, LGBTQ Commission, and ODE HEI's that build community infuses cultural humility and addresses intersectionality. In the different stages of the Global COVID-19 Pandemic, the initiative was able to put together and host the 10-year PRIDE celebration. They rebuilt those connections and created an affirming Pride Event in partnership with Outlet-Adolescent Counseling Services, CORA San Mateo, and San Mateo County Fairgrounds to support increasing outreach and increased recruitment to LGBTQIA+ Communities of Color, working on intersectional issues around Social and Racial injustice, homophobia, transphobia, and systemic racism. In conjunction with PRIDE Month, 16 cities across the county passed resolutions in support of the LGBTQIA+ communities and/or flew the PRIDE flag at their city halls throughout the month. In FY21-22, PRIDE participated and/or hosted the following events and activities:

- SMC In-Person PRIDE Week – 1,500+ attendees
- Pride Day at the Fair
- SOGI training
- Mental Health Awareness Month
- Trans Day of Remembrance
- Black History Month Celebration

Spirituality Initiative (SI)

In FY 21-22 the Spirituality initiatives' ongoing monthly meetings have become a place where a cross-section of the community comes to learn more about San Mateo County BHRS, community partners/stakeholders, consumers, and family members of those with lived experience, furthermore, the opportunity to interact with those who are in leadership positions have been rewarding for all. For instance, as a result of SI work and collaboration during this fiscal year or Black History Month February 26, 2022, solidarity with the African American Community Initiative, the Spirituality Initiative's current co-chairs and our past co-chair assisted in the planning and implementation of every aspect of the esteemed yearly Black History Month program. We requested that the reading of Indigenous People's Land Acknowledgment be a part of the program which led to the addition of the African Ancestral Acknowledgment also being read during the event. It has been said that music is the soul and spirit of Black folks. From offering musical selections by the Glide Ensemble: "Say Their Names" which chronicles contemporary African Americans murdered by police violence. A deeply significant source of sorrow and emotional pain in the African American community. We say their

			<p>names despite their horrendous demise to commemorate this tragedy by giving their lives meaning and longevity. The song “Glory” was added to the program to acknowledge a communal desire for individual and community freedom in past, present, and future generations of African Americans. Equally as important, a piano recital entitled “Honey” by the talented Leon Bates was included with a description of its historic composer Robert Dett, a descendant of slaves to acknowledge our ancestors was also a noteworthy part of the program. In total, AACI’s Black History Month 2022 was a successful event with our support. This year SI was able to hold the National Day of Prayer event, as it had been canceled in 2020 due to the pandemic, with mindfulness about health risks, we held the National Day Prayer on Zoom. The event featured Judaism, Christianity, Islam, Catholic, and Hindu, leaders, San Mateo Deputy County Manager Peggy Jensen, LEAP Institute Director Viral Mehta, as well as prayers/poems from consumers and providers. The planning of the event was led by the Co-Chairs of the ODE Spirituality Initiative, Isaac Frederick and Melinda Ricossa, along with consumers, members of the faith base community and community-based organizations. The event was a big success thanks to all those who helped with the planning. The 1 ½ hour virtual event drew 75 people in attendance, and many more expressed they would have attended if not for schedule conflicts. In FY21-22, SI participated and/or hosted the following events and activities:</p> <ul style="list-style-type: none"> • National Day of Prayer • Virtual Juneteenth Event- Freedom and Fatherhood • Board & Care Training • Black History Month 2022 • STAR Vista Clinical intern training <p>Cultural Stipend Internship Program (CSIP): The BHRS-16 Cultural Stipend Internship Program (CSIP) Awardees have completed and presented their cultural humility-related projects to clinic sites, Health Equity Initiatives (HEI), and community groups. Eight awardees spent the past academic year participating in one of nine HEIs, and coordinating a year-long project, in addition to their regular duties as clinical interns. CSIP provides a stipend of \$7,000 awarded annually to interns selected on their expressed interest in and commitment to cultural awareness and social justice in both community and clinical settings; personal identification with marginalized communities; and/or lived experience with behavioral health conditions. Priority is given to bilingual and/or bi-cultural applicants whose cultural background and experience are similar to underserved communities in SMC. Once selected, awardees are then matched with an HEI and tasked with conducting a project that helps BHRS become more culturally sensitive on a systemic level, and more accessible to marginalized communities. CSIP is truly a collaborative effort between interns, supervisors, Health Equity Initiative co-chairs and members, the Office of Diversity and BHRS staff.</p> <p>CSIP 21-22 Internship Projects:</p> <p>LC: ACE’s use among Latinx Children; research paper on how Adverse Childhood Experiences should be utilized when assessing children of the LC community within the juvenile justice system</p> <p>FMHI: Growth for a Cafe; Assistance in building up School-to-Career/Youth Development Social Enterprise Cultural Center, & Cafe by networking with community, surveying the community needs, and how to bring that into reality.</p> <p>PRIDE: SOGI research; research-based project, understanding the barriers, advantages, and what the next steps for BHRS should be with SOGI.</p>
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Diversity and Equity Council (DEC) is made up of BHRS staff, contracted providers, community leaders and members and work to ensure that topics concerning diversity, health disparities, and health equity are reflected in the work of San Mateo County's mental health and substance use services. The formation of the DEC can be traced back to 1998 when staff members formed the state-mandated Cultural Competence Committee

The DEC currently has 198 members, 45% are BHRS or County staff, 32% represent Community-Based Organizations and 23% identify as community or Health Equity Initiatives member. In the FY 20-21 the Diversity & Equity Council, in collaboration with San Mateo County Public Health, Policy and Planning, StarVista, Bay Area Community Health Advisory Council, the Office of Diversity & Equity and Health Equity Initiatives, held a total of 4 virtual Town Halls that focused on Race & COVID-19. The events created opportunities for community members and organizations to share collective challenges, growth and experiences this past year. Approximately 516 participants attended and provided input on supports needed, and what are the priorities of our communities as we continue to respond to the pandemic. As a result of the information and feedback received: Digital (tablets, county hotspots for internet access) support has been made available, mental health support cards are being provided, PPE was distributed and mask mobile, vaccination equity group for marginalized communities was formed, other supports included: school support, rental assistance, BHRS sponsored workforce wellness month, FB live events with other groups to share resources. The DEC continues to focus on immediate response to community needs during COVID recovery. Partnerships were strengthened through the town hall collaboration; this has broadened opportunity for DEC to be involved in larger equity efforts and provide support for other HEIs and CBOs.

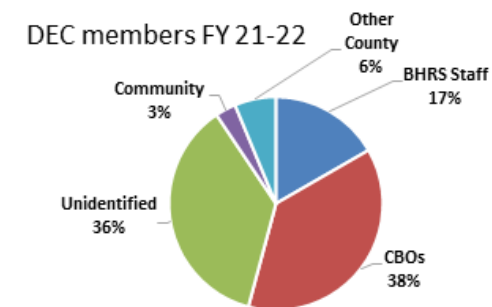
This fiscal year the DEC supported Suicide Prevention Month by offering the **Be Sensitive Be Brave for Suicide Prevention (BSBB)** training for DEC members and community at large. This was a foundational workshop in suicide prevention to teach participants how to act as eyes and ears for suicidal distress and connect individuals with appropriate services. Workshop participants learned to recognize suicide risk, how to ask individuals if they are thinking about suicide and connect them with help.

Secondly, the DEC successfully updated their Strategic Plan, this included an extended retreat hosted in January to collect feedback and help prioritize DEC activities for the upcoming year. This was very helpful as the DEC is transitioning from COVID response work to more direct activities to advance health equity. The group identified three areas of focus including: serving as an advisory body for BHRS, continuing to be a space of collaboration for CBOs and HEIs, and a hub of information for San Mateo County communities at large.

As part of our updated strategic plan, we included a monthly "Spotlight" on the DEC agenda to provide an opportunity for DEC members to give a presentation about their organizations/programs to encourage networking and collaboration. We also created a member contact list, to encourage communication between members. The DEC also created a subgroup, the Cultural Competence Open Forum, to discuss cultural competence specific requirements, barriers, successes, and progress with members representing contracted agencies. DEC also supported 4 of our members representing community-based organizations, to participate in a training on Emerging Best Practices for Communities of Color, Prevention & Treatment Modalities that took place on Wed. February 16th, 2022.

Some of our accomplishments and highlights for the year include:

- Strategic Plan update
- DEC webpage update
- Work towards building partnerships
- Continued to serve as an information/networking hub for our members
- Our membership grew significantly, including new organizations and stakeholders like San Mateo County Legal Aid and Innovate Public Schools that expand beyond BHRS.



In total, the DEC gained 11 new members this year, bringing our total list serve to 96 members. On average 13 members from our list serve attend the meetings on a regular basis, and we continue to have strong engagement via email for those not able to attend our virtual monthly meetings.

	<p>Peer Recovery Collaborative is comprised of peer operated programs focused on education and community outreach to meet individuals where they are in their recovery journey. The collaborative is made up of Heart and Soul, Voices of Recovery and California Clubhouse, they continue to be strong partners working with BHRS and have sponsored the Peer and Family Member Summit.</p>	<p>Despite funding challenges in FY 20-21, the collaborative hosted a discussion series on White Privilege, Institutional Racism and Being an Ally, to promote community discussions and education around racial equity and social justice. In FY 21-22, with incoming state funds and peer work certification, the focus will be on restructuring the work and the goals identified at the last Peer Summit: advocacy, workforce development and common grounds. ODE staff shortages have also limited the support available for training implementation and ongoing support.</p>	<p>The Peer Collaborative has suspended their meetings due to lack of funding and staff changes. However, in FY 21-22 BHRS Office of Consumer & Family Affairs (OCFA) was focused on the certification process for Peer support workers. OCFA supported the Peers from community-based organizations get registered and begin the grandparenting process or aided those who aren't currently eligible.</p> <ul style="list-style-type: none"> • Through the support of California Association of Social Rehabilitation Agencies (CASRA) provided 60hr peer provider training. Including a 12hr peer documentation training and a 6hr peer "boundaries & ethics" training. • BHRS supported peers in attaining 56 scholarships, to further this work. In addition, the County made recommendations to CALMHSA. NAMI/Lived Experience members were also included. • BHRS will be working on the integration of peers in the coming year, building a career ladder for peer support workers. This will elevate/professionalize their support work. This will open the possibility for BHRS to develop contracts/expand work with peer agencies to provide peer work and Medi-Cal billable services. • Individual agencies have also received state funding to support their peer work, to support peer certification costs and recertification every 2 years. • The peer certification will include the following specializations: Family Care, Unhoused, Crisis Response Services and Justice Involved.
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<p>Anti-Stigma Initiative Suicide Prevention Initiative Co-Occurring Initiative & Mental Health Month (MHM)</p>	<p>1) Completed San Mateo County's first Community Stigma Baseline Survey While we know stigma is a major barrier, how pervasive is such stigma in our San Mateo County community? Are our current stigma reduction programs reducing this stigma overtime? To answer these questions, BHRS ODE launched and completed San Mateo County's first Community Stigma Baseline Survey around mental health and substance misuse knowledge, beliefs, and behavior. The BHRS ODE commissioned an independent research firm, Strata Research Inc., to implement a baseline survey among San Mateo County residents who were at least 18 years of age. This 15-minute survey was completed by 450 residents in San Mateo County during March 2020. This survey built off the statewide mental health stigma survey conducted by RAND Corporation.</p> <p>2) With the current COVID-19 pandemic, these risk factors for suicide are exacerbated. Embracing suicide as a personal and public health issue, the San Mateo County Suicide Prevention Committee created a 2021-2026 Suicide Prevention Roadmap to outline a strategy on how to collectively prevent suicide in our community. This Roadmap is part of a larger vision to reduce suicide deaths, suicide attempts and pain associated with suicidal thoughts so that everyone in our community can realize healthy and meaningful lives.</p> <p>3) San Mateo County joins our state and country in celebrating Mental Health Month (MHM) in May each year. In May 2021, 156 participants responded to the evaluation survey for MHM events/activities and the results are as follows:</p> <p>Stigma Discrimination Reduction *100% strongly agree or agree that they can recognize the signs that someone may be dealing with a mental health problem, substance use challenge, or crisis. *100% strongly agree or agree that they will reach out to someone who may be dealing with a mental health problem, substance use challenge, or crisis.</p> <p>Access *100% feel that they strongly agree or agree that they are more willing to seek support from a mental health professional if they think they need it.</p> <p>Cultural Humility *90% feel that cultural background influences the way that people seek help for mental health problems. *90% strongly agreed or disagreed that this program was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).</p>	<p>#BeTheOneSMC is San Mateo County's anti-stigma initiative and aims eliminate stigma against mental health and/or substance use matters in our San Mateo County community. #BeTheOneSMC's main message is that you can be that ONE who can make a difference in reducing stigma and promoting wellness in our community. Primary program activities and/or interventions provided include:</p> <p>Inclusive Language In October 2021 and January 2022, BHRS facilitated open forums where San Mateo County peer organizations and community organizations identified recommended inclusive language around mental health and substance use conditions.</p> <p>Annual May Mental Health Month (MHM) Observance This is one of the biggest mental health observances of the year for San Mateo County. The 2022 MHM consisted of a planning committee, advocacy days, event support & mini grants, communication campaigns, over 30 events with an estimated reach of 500 individuals. 68 survey responses collected from 8 out of 30 events. Results are shown below. Of the collected responses:</p> <ul style="list-style-type: none"> • 90% agreed that they have learned MORE about mental health and/or substance use services • 87% agree or strongly agree that they are MORE willing to seek professional support for a mental health and/or substance use condition if I need it a direct result of this program. • 94% agree and strongly agree that this program was relevant to me and other people of similar cultural backgrounds and experiences. • 2022 MHM statewide theme was Take Action for Mental Health. The campaign goal was to offer our community mental wellness tools to seek help for themselves or a loved one. <p>The stigma discrimination reduction highlights:</p> <ul style="list-style-type: none"> • Website: The standalone MHM website was positively received as shown by the quantitative metrics referenced above and anecdotally from community partners. The website was a hub with all our communication materials, including social media calendar, resources, graphics and more. • The San Mateo County Mayors Mental Health Initiative (lead by individual cities) partnered with San Mateo BHRS ODE during 2022 MHM with 4 cities launching 6 Mental Health First Aid classes, 15 cities Mental Health Month in their city council meetings, 5 cities lighting up their buildings in lime green/green and 1 city raising a green flag for Mental Health Month. This launch was just the start to an ongoing commitment to offer more mental health programs and resources across cities throughout San Mateo County. <p>The main challenge and area of growth is to broaden our reach, especially to marginalized communities with greater behavioral health need. Solutions to mitigate the challenge of broader outreach include:</p> <ul style="list-style-type: none"> • Create a communication map with special emphasis on marginalized communities with greater behavioral health need (based on available county or state data) • Media engagement (e.g., print, radio, television) to reach a very wide audience • Targeted outreach to marginalized communities (e.g., newsletters) <p>For the suicide prevention program in 2021-2022, the interventions we are most proud of are listed below. There is also a 2022 Suicide</p>
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			<p>Prevention Committee Year In Review attached which includes accomplishments from half of FY2021-2022 (January – June 2022).</p> <p>2021-2026 Suicide Prevention Roadmap</p> <ul style="list-style-type: none">• As of September 2021, one of only 13 California counties to have a suicide prevention strategic plan.• First county to add equity focus to suicide prevention strategic plan goals. <p>Be Sensitive Be Brave Training Adaptation</p> <ul style="list-style-type: none">• San Mateo County is the first County to fund linguistic/cultural adaptation of Be Sensitive Be Brave training co-created by Dr. Joyce Chu and Santa Clara County• In partnership with Dr. Joyce Chu and Chinese Health Initiative, San Mateo County helped complete the Be Sensitive Be Brave adaptation for Mandarin and Cantonese speaking Chinese community (first and only linguistically and culturally adapted mental health/suicide prevention community helper training for Chinese community).
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	<p>Total Wellness is a collaborative peer-based care model integrating primary care with behavioral health coordinated by nurse care managers. This promotes one coordinated client care plan including behavioral health, physical health, and wellness goals.</p>	<p><i>Total Wellness</i> sustained by Health Plan of San Mateo.</p>	<p>In June of 2022, the Total Wellness Program was discontinued. There were several reasons for this, the greatest being that the intention of the program, while innovative at the time of its inception, has become a central pillar to California’s Medi-Cal reform effort known as CalAIM. In San Mateo County, the activities of Total Wellness will now be carried out by various community organizations participating in the Enhanced Case Management (ECM) portion of CalAIM. Additionally, Total Wellness was funded through the Health Plan of San Mateo, and funding is no longer available from that source.</p>
	<p>Outreach Collaboratives are strong collaborations with local community-based agencies and health and social service providers are essential for cultivating a base of engaged community members.</p>	<p>NORTH COUNTY OUTREACH COLLABORATIVE (NCOC) North County Outreach Collaborative outreach is conducted by Asian American Recovery Services (AARS), Daly City Peninsula Partnership Collaborative (DCP), Daly City Youth Health Center (DCYHC), Pacifica Collaborative, and Pyramid Alternatives. The goals of NCOC include: 1) establishing strong collaborations with culturally/ linguistically diverse community members; 2) referring 325 clients to BHRS for mental health and substance abuse services; 3) establishing strong linkages between community and BHRS. PROGRAM IMPACT: NCOC continues to improve timely access and linkages for underserved populations by making sure when a person is in their waiting room they are immediately greeted and seen in a timely manner. NCOC also advocates for reducing stigma and discrimination in services. Staff continue to attend and participate in ODE HEI’s, share NCOC updates, and report back to the NCOC Community Outreach team. In FY 2019-20, there were 12,506 attendees at individual and group outreach events across the five provider organizations in the NCOC. NCOC FY 19/20: Total clients served 12,506 Total cost per client \$18 SUCSESSES Client Statements: “I finally realized that I am no longer a victim but am a survivor.” “I realize that I am not alone” “The world really scares me, but I am glad I have you to talk to” “I don’t know where I would be without therapy each week” CHALLENGES The North County Outreach collaborative faced many similar challenges to other programs this year brought on by COVID-19. In the Pacifica Collaborative, losing a long-time outreach worker who had spent years building trust in the community was a huge setback to their work. StarVista’s clients often face transportation challenges. Other programs such as DCYHC rose to the challenge of moving their services to a virtual setting and meeting their clients’ complex needs as the pandemic worsened. EAST PALO ALTO PARTNERSHIP FOR BEHAVIORAL HEALTH OUTREACH The East Palo Alto Partnership for Behavioral Health Outreach (EPAPBHO) collaborative is comprised of community-based agencies from the East Palo Alto region of San Mateo County to provide culturally appropriate outreach, psycho-education, screening, referral, and warm handoff services to East Palo Alto region residents. One East Palo Alto (OEPA) served as the lead agency and work in collaboration with El Concilio of San Mateo County (ECSMC), Free at Last (FAL), and the Multicultural Counseling and Educational Services of the Bay Area (MCESBA). EPAPBHO is committed to bridging the mental health divide through advocacy, systems change, resident engagement, and expansion of local resources leading to increased</p>	<p>NORTH COUNTY OUTREACH COLLABORATIVE (NCOC) The North County Collaborative consists of five agencies that reside and serve in the North sector of San Mateo County. Asian American Recovery Services (AARS), Daly City Peninsula Partnership Collaborative (DCP), Daly City Youth Health Center (DCYHC), Pacifica Collaborative (PAC) and StarVista (SV). The North County Outreach Collaborative/ Community Outreach Team met on a regular quarterly basis during the fiscal year. The Community Outreach Team (COT) meetings were very supportive and successful in not only collaborating between agencies, but also figuring out how to be able to wrap clients/participants with needed care as a result. COT shared community resource information, outreach opportunities, collaborate on cases, and connect clients with necessary care. The COT team was a lifeline to the outreach that was being done in the community. Maneuvering through the pandemic was extremely challenging for COT and having the opportunity to discuss this openly was expressed as a true gift. COVID Efforts Through partnership with SMMC, DCYHC was able to receive information about COVID vaccination days designated for the community. Outreach for vaccination clinics taking place were shared to additional networks via email, social media posting, and networking. The DCYHC location also served as a COVID-19 testing site for community members and essential workers to get tested until January 2022. The vaccine clinic was then moved to an area that could accommodate the changing number of people. Daly City Partnership outreach was done through social media, flyers at the DCCSC, weekly food distribution, volunteer appreciation event spring 2022, family resource day, and other community events. AARS was able to partner with other Pacific Islander leaders to host several key sites for PI and other community members to get tested. PAC’s bulk of the outreach consisted of sharing information about COVID testing, vaccines, and resources. Printed materials were included in food distribution boxes, drive and o senior lunch programs and curbside library pickups. Links to services were shared during collaborative meetings, on social media and through youth-led Podcasts. Additional projects During this fiscal year, Daly City Youth Health Center partnered with Daly City Partnership to better serve clients and expand their mental health services and support their basic needs around housing and food insecurities. There has been an increasing demand for mental health support and in order to meet this, DCYHC expanded their mental health team. Any clients they were unable to see due to capacity, were referred to Daly City Partnership. All of Daly City Partnership’s community partners helped in various ways such as, Food Bank distributions, community, and special events. All their agencies worked together in supporting each</p>

resident awareness and access to culturally and linguistically appropriate services. EPAPMHO provides the following services:

- Technical assistance to BHRS initiatives to increase community education activities and integration of mental health services with other community organizations.
- Community Outreach and Access (marketing and publicity, including translation).
- Promote increased East Palo Alto resident participation in County-wide mental health functions and decision-making processes.
- Sustain and strengthen education materials for and conduct outreach to residents regarding mental health education and awareness.

PROGRAM IMPACT-EPAPBHO FY 19/20
 Total clients served 517
 Total cost per client \$394

SUCSESSES

Success Story #1: A single mother of four (4) children came to the office for services. Staff noted she appeared overwhelmed and anxious. Staff listened as she shared some of her issues, which included her financial stresses and handling her four children in school with limited access to the internet for school. She was asked about talking with someone who she trusted or a counselor. She agreed to speak to a counselor for her bouts of depression. She was unable to go immediately but said she would make an appointment to the Ravenswood Clinic. She was provided a flier "Control Your Depression, what you can do to help yourself." A follow-up call was made, and she is feeling better as she was called back to work, we assisted her with her PG&E bill and she took heed to the suggestions made on the flier. She has walking more often and was very grateful for the call. Staff also assisted her with her Census.

Success Story #2 Sione came to APV for help with his court case in August. There were many issues surrounding his case, but one of the major factors he was reluctant to speak about was his depression and his need to smoke marijuana and drink in hopes for some relief. After supporting Sione with his court case and advocating for a lesser sentence by implementing an action plan, staff was able to link Sione to HealthRight 360 (HR360) and begin his journey towards recovery. Today, Sione is a lot more talkative and engaged with his family through the support from Anamatangi. Sione and his family have been receiving spiritual counseling with Mama Dee, Rev. Dan Taufalele and have been consistent in attending his meetings with HR360. The program looks forward to what the future holds for Sione Fehoko (JJ), and will continue to walk by faith and not by sight.

CHALLENGES

FAL describes their biggest challenge this year being COVID-19 and how it has caused them to continue pivoting and evolving their way of helping the community. ECSMC's challenges are similar to years past – the diversity of each community in terms of culture, language, history, levels of acculturation, and literacy are challenges that clients face when also dealing with poverty. Additionally, ECSMC could not make referrals for those who were seeing other providers outside of the County system. Furthermore, as with previous years, most of the cases were not Severe Mental Illness. Finally, appointments for clients are not always available at the time needed though appointments could be made. However, ECSMC staff still take the time to establish some level of support and most of all, hope for all clients. APV staff have experienced the impact of COVID-19 on their families throughout the pandemic. In-person gatherings and face-to-face meetings are the

organizations projects and outreaches. The Pacifica Collaborative and Daly City Youth Health Center have created working relationships that included youth outreach in both Pacifica and Daly City. The groups collaborated with SMC on a youth-led campaign to encourage young people to get vaccinated. This included youth-led panel discussions in person vaccines events and Podcasts series on youth on COVID.

EAST PALO ALTO PARTNERSHIP FOR BEHAVIORAL HEALTH OUTREACH
 The East Palo Alto Partnership for Behavioral Health Outreach (EPAPBHO) collaborative is comprised of community-based agencies from the East Palo Alto region of San Mateo County to provide culturally appropriate outreach, psycho-education, screening, referral and warm hand-off services to East Palo Alto region residents. One East Palo Alto (OEPA) served as the lead agency and work in collaboration with El Concilio of San Mateo County (ECSMC), Free at Last (FAL) and 'Anamatangi Polynesian Voices (APV).

Free at Last (FAL) continues strong work with patients in recovery. Its work with patients dealing with behavioral health and/or co-occurring issues is ongoing and consistent. They have a close partnership with East Palo Alto Community Counseling Center and its staff, meeting once a month or when necessary to go through cases and ensure that treatment is effective. Due to COVID-19, Free at Last, has had to adapt to changes in the way of doing business on a daily basis to assist the patients. Patients receive services from Doctors or Therapists and most of the time works together with community contact services via phone or via zoom. Residential treatment had successfully completed treatment during the difficult times, at the time of completion of treatment, patients had a job and were placed in SLE housing after their completed treatment and FAL staff continue to support them. Free at Last reopened on September 19, 2022, and the Drop-in Center, Residential Men and Women's are also reopened to full capacity. Since reopening and back to full capacity the organization is now receiving more referrals frequently from the Residential Treatment Team.

Anamatangi Polynesian Voices (APV) recognizes that a multi-level approach to addressing the issues experienced by youth and young adults (in-school students and out-of-school) has been the intervention needed to succeed in serving families. As yet another successful intervention provided by Mamadee is her work at the Juvenile system in the County. Mamadee has been working with young people who have been referred to her by County Probation to provide intervention for these young men and their families. With her cultural/linguistic intervention, Mamadee has been successful in serving the young men and their families and connecting them to other programs in the community.

El Concilio of San Mateo County (ECSMC) reports there are many successes in the engagement process of our work. The fact that people had been isolated due to the pandemic was stressful, but for single parents with children at home it was even more difficult. One single mother came into the offices overwhelmed with bills, employment loss and children needing help with schoolwork and stuck at home day in and day out. She came into the office to request assistance for utilities through one of our programs. The pressures were evident in her conversation and emotional state. This was the entry point for staff to initiate the conversation about needing support. Some time was taken to listen and then convince her to seek support. The client left the office in a more hopeful state and agreed that she would seek mental health support

methods of engaging Pacific Islanders (PI) and young people in the community. Over the years, raising awareness and reducing stigma around mental health have been conducted through creative PI gatherings such as music, song, dance, and drumming as well as meals. Home visits have been the way to reach parents about their children, meeting face-to-face, explaining processes of school systems, social service systems, behavioral health systems, and supporting their navigation have been Mama Dee and her team's success. However, COVID-19 exacerbated the barriers that families have dealt with, leading to clients and families suffering in silence from the pandemic, depression, unemployment, health issues, and undocumented status, just to name a few. To mitigate the challenges, APV has pivoted its outreach and referral process to include wellness checks via phone and email, delivered wellness packages to homes, referrals, and warm hand-offs to community resources and assistance programs. They will continue to develop and adapt programming as the pandemic continues to meet the growing need in the community.

OUTREACH WORKER PROGRAM

The purpose of the Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) Outreach program is to identify existing gaps in service provision that lead to underutilization of behavioral health and substance use recovery services by the LGBTQ+ community. Research as shown that LGBTQ+ folks experience disproportionately high rates of substance use as well as diagnoses of mental health conditions. While these heightened challenges are noted, LGBTQ+ community members are less likely to seek services and experience exacerbation of these challenges due to: 1) historical systemic identity-based discrimination of LGBTQ+ community members within health settings and society at large 2) lack of training of service providers to provide care that is culturally-responsive to the needs of LGBTQ+ folks, 3) lack of data collection on this communities' needs, which impairs our ability to see the scope of the challenges faced and disrupts potential funding allocation, among additional factors. The target population of this program is LGBTQ+ community members across all intersections of age, race, ethnicity, and socioeconomic services, though priority is given to low-income folks, and folks with serious mental illness (SMI). Additionally, service providers and community-based organizations are the focus of much of this program in terms of training and consultation support. The primary program activities involve providing trainings and consultation to service providers across BHRS, contract providers, SMC Health division partners, and community organizations; connecting LGBTQ+ community members to services that are currently providing culturally responsive care to LGBTQ+ folks; and strengthening connections between and the capacity of existing LGBTQ+ entities in San Mateo County. Additionally, this program collaborates with partners to create community events to increase opportunities for connection, as well as bring awareness to LGBTQ+ community issues and challenges.

PROGRAM IMPACT

The efforts of the outreach worker program focus on connecting clients to clinical services as well as training clinicians, service providers, and staff in community-based organizations on ways to improve services provided to LGBTQ+ community members and give focus to making these spaces more affirming and inclusive of LGBTQ+ folks. The details below speak to these efforts. In total, 15 trainings were provided within this fiscal year for the following groups:

- BHRS Central Clinic staff – 10 participants

for herself and the children before things got more serious for them. Another single mother of three children came to the office for a legal referral. She had rented a part of her home to a single father with two children, but the situation became unbearable, causing her much stress and emotional problems. She had given him an eviction notice but he refused to leave. She had become depressed and fearful. She was referred to Legal Aid and to mental health services for signs of depression.

COASTSIDE COLLABORATIVE

Priorities/goals for the Coastside Collaborative set for the fiscal year:

- Work on recognition of the Coastside Collaborative amongst providers and community members
- Create a tool to share different resources on the coast for providers
- Create a tool to share resources with community members
- Collaboration in meaningful ways
- Affordable housing is a priority for the collaborative

This FY the Coastside Collaborative successfully impacted the community by:

- [Invited 3 faith and community leaders](#) to join the coastside collaborative to help strengthen the recognition of the collaborative and to help with duplication of resources and [recruited 28 new members](#).
- Created a collaborative [shared google folder](#) where partners can add resources and easily find resources within folder topics
- Brainstormed and began creating a [list of resources](#) to be part of a Collaborative Resource Guide
- Heard from Recovery Initiative on challenges of resource duplication and invited [Age-friendly initiative](#) and HMB Chamber to collaborate on the creation of the collaborative resource guide.
- Invited Half Moon Bay City to provide an update on affordable housing.

A total of 31 new members participated this year, out of 86 list serve members, the following data points describe the groups among the Coastside Collaborative:

- CBO or contract agency staff: 19%
- Other community members: 7%
- BHRS Staff: 5%
- Other County staff (e.g., Family Health, HSA): 5%
- Family members: 1%
- Clients: 0%
- N/A: 64%

Cariño Project (Coastside Multicultural Wellness Project)

The purpose of the Cariño Project is founded on the opportunity to create new models of mental health and wellness wrap-around services that are grounded in cultural frameworks of intervention. The program opens pathways for increased services on the Coastside which is limited in services. This Project has allowed for growth in programming and staff to increase wellness support services across the Coast. The organization Ayudando Latinos A Soñar (ALAS), which spearheads the project, is focused on an open-door process for all to come in to be met by staff who triage them to the best program and service. ALAS has strong community partnerships and is familiar with programs across the County which gives their staff the breadth of resources to be able to provide additional referrals within a timely manner. The goals of the project are:

- BHRS Interface staff- 10 participants
- BHRS South County Clinic staff -12 participants
- South San Francisco Library trainings (3 sessions) -34 participants
- Lived Experience Academy – 12 participants
- Spirituality Initiative – 25 participants
- SMC C.A.F.E. participants- 30 participants
- Carl B. Metoyer Center for Family Counseling training – 6 participants
- Pop Up Photovoice Facilitators (2 trainings) - 15 participants
- LGBTQ+ Photovoice participants (4 session workshop)- 5 participants
- San Mateo County Probation Department – 40 participants
- SFSU Counseling MS Cohort- 15 participants

As a result, approximately 214 individuals received training that could improve the mental health outcomes of the clients they serve, and create more opportunities for allyship, support, and visibility that can be found across communities in San Mateo County. Within this fiscal year, the outreach program manager attended and participated in 203 collaborative meetings including meetings with the following groups;

- Suicide Prevention Committee
- Northwest School-based Mental Health Collaborative
- Mental Health Awareness Month Planning Committee
- Domestic Violence Death Review Team (DVDRT)
- Prison Rape Elimination Act (PREA) Review Board
- Trauma Learning Collaborative
- Pride Center Staff meetings
- Gender & Sexualities Alliance (GSA) Coordinator Meetings
- Transgender Day of Remembrance (TDoR) Planning Committee
- Pride 2020 Planning Committee
- Consultation meetings
- ODE staff meetings

In terms of direct referrals the Program Manager:

- Assisted 3 community members who were previously homeless with connections to temporary housing and shelters.
- Referred 4 community members to receive gender-affirming medical care at San Mateo Medical Center’s Gender Clinic
- Referred 9 people to the San Mateo County Pride Center for clinical services and peer support programs.

SUCSESSES

The annual Transgender Day of Remembrance (TDoR) gathering serves as a space of community healing as the community comes together to collectively mourn the loss of transgender and nonbinary siblings whose lives have been taken by hate-based violence. On this day, participants also reaffirm their commitment as a community and with allies to fight against anti-transgender violence and discrimination. The gathering begins with a candlelight vigil and procession through the streets, holding signs with the name of each person remembered in order to bring greater visibility to the losses the community has suffered and for passerby’s to become aware that the lives of these folks deserve to be recognized. Once the procession is complete, the events program features trans and nonbinary speakers who speak about their own lived experiences. The part of the program is powerful and features trans and nonbinary folks of all ages, different races/ethnicities, and their varied life experiences. By hearing these stories, a deeper understanding of their experiences is cultivated, not only in regard to the higher rates of violence and discrimination they may have faced but also about the ways in which they have come to find confidence in their identities and

1. Improve timely access & linkages for underserved populations
2. Reduce stigma and discrimination
3. Increase number of individuals receiving public health services
4. Reduce disparities in access to care
5. Implement recovery principles
6. Other activities that benefit clients; including working with partner agency, El Centro, to provide substance abuse support, referring clients to the County for programs and mental health services that extend beyond our services for mild to moderate. Finally, ALAS focuses on a whole family and community approach, so beyond the individual, working with families and engaging them in community.

Because of the Cariño Project, ALAS’s community has felt better about themselves, more engaged with the community and have a positive outlook for their lives. ALAS has many programs that help each community member along with the mental health counseling and case management services.


FY 21-22 Service Totals

Individuals Served	Definition	FY Total #
Unduplicated Clients Served	Number of individuals served in the primary program component(s), unduplicated counts.	355
Individuals Reached (duplicated)	Number of individuals served in all other components, if applicable. May be duplicated counts based on service provided.	1435
TOTAL INDIVIDUALS SERVED	All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	1790

OUTREACH WORKER PROGRAM: This program was discontinued due to agile staff members terming out. The previous program consisted of a focus on then the LGBTQ+ and Pacific Islander communities to identify and address existing gaps in service provisions.

		<p>what makes them feel seen and heard. Participants have said that hearing from speakers has given them hope they can overcome struggles around their identities and can thrive as trans/nonbinary people. Another powerful part of this event is the Reading of Names. A slideshow is created with the photos and names of each person being memorialized. An altar is created with individual memorials for each person to allow participants to learn about the person who passed and what was important to them. Overall, the event honors folks as multi-dimensional human beings and encourages allies to move beyond acknowledgement of the issue toward action.</p> <p>Additionally, the annual San Mateo County Pride Celebration creates a space to celebrate all identities with fellow community members, feel visibility, connect with other LGBTQ+ folks and share community resources. Throughout the event, LGBTQ+ visibility is key as LGBTQ+ voices are highlighted all day through dance, entertainment, community flags and statements from prominent LGBTQ+ figures in the community. Due to Covid-19, the typical in-person event was moved to a virtual event and was expanded to a whole week of festivities. The collaborative group that came together to create this virtual week of events was led by the PRIDE Initiative in partnership with the San Mateo County Pride Center, the San Mateo County LGBTQ+ Commission, the Office of Diversity & Equity, CORA, and community members. A total of 14 virtual events were held, including workshops, author readings, Drag Storytime Hour, a Drag Show, focus groups, a documentary screening, wellness-based activities, and a grand celebration that was live-streamed and recorded with the help of PennTV! Per the PRIDE Initiatives' annual report, "Overall, there were 9,500 views on the PRIDE Initiative Facebook during the week of the Virtual PRIDE Celebration. The day of the Grand Finale there were 6,115 views on Facebook, as well as 244 people attending the workshops during the week on Zoom."</p> <p>CHALLENGES</p> <p>A challenge faced in implementing this program includes the need to devote much time to increasing awareness of LGBTQ+ needs and decreasing implicit bias of providers, while simultaneously trying to connect LGBTQ+ folks to county services. While the goal is to increase the number of LGBTQ+ folks receiving services through the health system, this cannot be actualized until the providers are ready and capable to provide culturally humble services. Lack of staffing makes scaling outreach difficult.</p> <p>Furthermore, partners who do not work at LGBTQ-specific organizations such as PRIDE Initiative members and the LGBTQ+ Commission are also working full-time jobs, and there is a limit to how much time and energy they can put into creating a more equitable, inclusive healthcare system. Lastly, the challenge in finding "unduplicated clients" who identify as LGBTQ+ in San Mateo County is exacerbated by the fact that the county does not have many social outlets for LGBTQ+ folks to meet each other outside of the Pride Center where many seek out to find care and peer support. Many LGBTQ+ folks often seek community outside of San Mateo County.</p> <p>SENIOR PEER COUNSELING</p> <p>See program description in General System Development- Older Adult System</p>	
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	<p>The Cultural Humility Community of Dialogue Cohort was established in 2017. To seek opportunities for engagement, create visibility for cultural humility trainings and to be resource/toolkit guide for cultural humility trainers.</p>	<p>Monthly meetings continue to take place, to be a resource/toolkit guide for cultural humility trainers. The monthly schedule changed, and contracted facilitators are encouraged to attend meetings per their contract. Staff time and capacity continue to be a problem, which has diminished monthly participation. ODE staff shortages have also limited the support available for training implementation and ongoing support. This group will also receive support from the newly formed BHRS subcommittee dedicated to overseeing the progress of cultural humility trainings, as part of our MCOD action plan.</p>	<p>Monthly meetings continue to take place, to be resource/toolkit guide for cultural humility trainers. ODE staff shortages have also limited the support available for training implementation and ongoing support. Some highlights include:</p> <ul style="list-style-type: none"> • MCOD subcommittee dedicated to overseeing cultural humility training progress will begin supporting participation rates in 2023. • Dr. Erica Britton, previous Workforce Development and Training Director, joined the cohort as a contractor to continue supporting the training implementation. • The cohort is preparing to provide a Training of Trainers in 2023 to increase the availability of facilitators and training opportunities. Additionally, the cohort will be exploring the possibility of an expanding the cultural humility curriculum for more advanced discussions/topics. • Training sessions were opened on weekends to make available for contracted providers.
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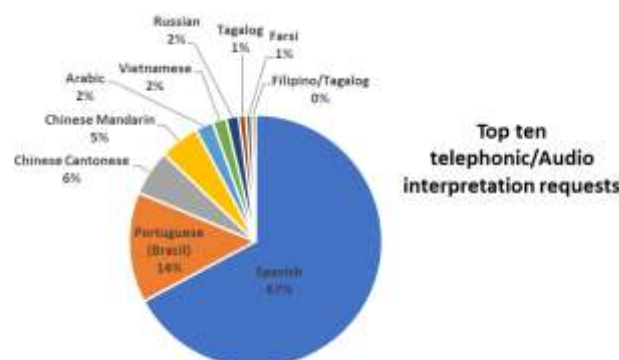
	<p>Community-Informed Culturally Responsive Improvement Process ODE is beginning to develop and pilot a community-informed process for making culturally responsive improvements to our system. It is intending to reinforce the role of the DEC and more meaningfully embed it in a feedback loop with the Quality Improvement Committee (QIC). This exchange of information between the DEC, the QIC, the HEIs and the Director will lead to cultural competence going beyond compliance and towards institutional transformation and continuous quality improvement of services.</p>	<p>This last fiscal year offered unexpected opportunities to hear from the community, mainly due to increased needs due to COVID and disparities within marginalized communities. For example, the Town Halls hosted by DEC, and three Faith Leader Webinars (June 2020, December 2020, and January 2021), allowed for direct communication with communities. The Faith Leader convenings brought the created spiritual letters, etc., & support documents. Outreach to faith leaders to support/creative vaccination spaces.</p>	<p>ODE continues to work to respond to community needs to encourage system change, build meaningful and trusting relationships with our valued community and partners.</p> <p>The Community Informed Improvement Process (CIIP) as depicted below, is intended to reinforce the role of the ODE as a resource. More importantly, to support progress beyond compliance and towards institutional transformation and continuous quality improvement of services. This upcoming FY, ODE will be working on organizing this communication process, tracking impacts and outcomes, and aligning with broader efforts like MCO, Trauma Informed System etc.</p> <p>This original response process has led to the ODE implementing a Community Response Team focused on supporting marginalized communities with issues that require an expedited response. During this fiscal year, these responses have continued to center around COVID response and recovery efforts including webinars, social media events, and providing resources that are linguistically culturally appropriate.</p>  <p>The flowchart titled "Community-Informed, Culturally Responsive Improvement Process" shows a central hub of people icons. Arrows point to "OCFA Governance Process" and "Quality Improvement Committee (QIC)". Below the hub are "Community Based Organizations", "Community Facing Staff", and "BHRS Clinician/Provider". Arrows from these lead to "Health Equity Initiatives" and "Diversity & Equity Council". Further down are "Q-Reg/ODD Director" and "BHRS Executive Leadership". On the left, a box lists "ADD Treatment Provision Meeting", "Contractors Allocation", "Contractors Managers Analysis", and "QIC Contracts Draft".</p>
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Policy & Systems Change Influence organizational level policies and institutional changes across San Mateo County agencies to positively impact behavioral health outcomes. (Criterion 7)

Language access services include includes translating materials in threshold languages Spanish, Tagalog, Chinese, a language line for over-the-phone interpretation services and a process for scheduling in-person language interpreters including ASL.

In FY 2020-2021 the BHRS saw 203 unique requests for interpretation services on video or in-person, 91% were video remote interpretations due to the COVID-19 pandemic. There were 2,979 unique requests for telephonic interpretation and 27 unique requests for translation of written materials into San Mateo County threshold languages. According to FY19-20 data, 82.46% of clients with a preferred language other than English received a service in their preferred language.

In FY 2021-2022 BHRS saw **3,186 unique requests for interpretation services in 22 languages**. There were 2,875 requests for telephonic/Audio interpretation, 155 requests for in-person/onsite interpretation, and 156 requests for video remote interpretation. In total, there were 34 unique requests for the translation of written materials into San Mateo County threshold languages.



The pie chart titled "Top ten telephonic/Audio interpretation requests" shows the following distribution: Spanish (60%), Portuguese (Brazil) (14%), Chinese Cantonese (6%), Chinese Mandarin (5%), Arabic (2%), Vietnamese (2%), Russian (2%), Tagalog (1%), Farsi (1%), and Filipino/Tagalog (0%).

According to FY 20-21 data, 70.62% of clients with a preferred language other than English received a service in their preferred language.

In addition, BHRS Integrated Medication Assisted Treatment (IMAT) team conducted outreach in FY 21-22 to the Latino and Asian/Pacific Islander populations to increase equity in access to care since those populations

			<p>have the lowest engagement rates in AOD services. Some of these efforts included:</p> <ul style="list-style-type: none">• Translation of all flyers, handouts and letters into Spanish and our informational handouts were also translated into Tongan.• Information about IMAT services shared over a Tongan radio program and the IMAT flyers were distributed in the Pacific Islander community including at Churches and social gatherings.• Attended the Worker Resource Center monthly to outreach/engage/educate the Latino community there about IMAT services.• Participated in the Latino Collaborative's "Sana, Sana" event this year to outreach/engage/educate the Latino Community about IMAT services.• Presentations/discussions were also provided at both the Latino Collaborative and Chinese Health Initiatives to better understand how to engage clients from those communities in AOD services.
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	<p>Government Alliance on Race and Equity (GARE) is a national network of government working to achieve racial equity and advance opportunities for all.</p>	<p>Highlights in FY 20-21:</p> <ul style="list-style-type: none"> i. The GARE Health team began work on revising the SMC Health Racial Equity Action Plan (REAP). ii. The San Mateo County Health Executive Committee (HEC) was integral in the creation of the REAP and all received the Race, Health & Equity Training. iii. The BHRS Director is part of the HEC Racial Equity Subcommittee which includes Health GARE member(s) iv. Expansion of Race, Health & Equity training to all our Health workforce: 10 sessions provided in 2021 with 493 staff training in San Mateo County Health. v. Monthly meetings and subcommittees continue to take place to oversee data collection, policy & procedures, training, REAP, communications & recruitment. vi. A Racial Equity 21-Day Challenge was developed, provided, and made available for county and CBOs staff. vii. Under the direction of our San Mateo County Equity Officer, the SMC Core Equity Team has begun to create a REAP for the entire County. viii. The Health GARE team now works in conjunction with the County GARE team. ix. SMC Equity Officer, the Health GARE teams, and the SMC Core Equity Team (which includes members from all SMC departments) is working on a GARE survey to disseminate in late 2021 to all County staff. 	<p>Highlights in FY 21-22:</p> <p>In fall 2021 GARE administered a Racial Equity Employee Survey. A total of 2,109 San Mateo County employees participated.</p> <p>Respondents indicated a high degree of willingness and capacity to engage in racial equity work.</p> <ul style="list-style-type: none"> • Strong indicators of impactful future engagement and action among employees <p>Moderate agreement was found with regards to departmental and enterprise-wide actions to advance racial equity.</p> <ul style="list-style-type: none"> • Calls for: Greater internal infrastructure and implementation of readily available tools and resource. • Emphasis on organizing and operationalizing the work, as well as enhanced communication flows. <p>Consist differences in responses emerged across race and ethnicity</p> <ul style="list-style-type: none"> • Black/African American and Native Hawaiian/Pacific Islander respondents, and to a lesser extent LatinX and Multiracial respondents, evaluated their department differently than White, non-LatinX respondents • Speaks to importance of data disaggregation to inform future actions and centering those most deeply impacted by decisions. <p>Consistent differences in responses emerged between supervisors/managers and non-supervisors/non-managers.</p> <ul style="list-style-type: none"> • Supervisors/managers were more agreeable and knowledgeable about activities being undertaken than non-supervisors/non-managers. • Calls for greater communication flows and involvement at all levels. <p>Results provide baseline data on equity efforts of the County.</p> <ul style="list-style-type: none"> • Should be replicated every two years to monitor progress <p>Our Health GARE team also finalized our Health Racial Equity Action Plan (REAP) worked with Health Executive Council members to document the alignment between the BHRS Multicultural Organizational Development Plan, The Health REAP and our San Mateo County Racial and Social Equity Action Plan (RSEAP). BHRS and Health contributed to the County's RSEAP by providing both divisional and departmental indicators, outcomes and actions, progress measures, etc. The various teams are currently working towards their collective and individual goals (Health Dept: 1. Reduce gap in COVID-19 test positivity between lowest HPI communities and countywide levels. (Dept-wide Measure); 2. Percent of Racial Equity Action Plan completed. (Dept-wide Measure); BHRS: 1. Percentage of eligible clients/patients who have received COVID-19 vaccination (eliminate any gap between this rate and countywide rate); 2. Measure and trend the percent of population by race that enters treatment(Penetration rates by race) (Behavioral Health and Recovery Services/Alcohol and Other Drugs (6170P)1.Older Adults2.Adults 3.Youth); 3. Percent of BHRS employees that complete training on Implicit Bias. Each division within Health created equity action items to move the organization forward.</p> <p>BHRS and Health leaders intentionally and thoughtfully planned to inform our workforce of the importance of the equity plans and the places of alignment across our county. This was done by each division within health hosting staff forums to share their equity plans, hosting All Staff Health Forums on Health's new REAP and encouraging workforce members to attend our County Health Officers informational session regarding the RSEAP. Lastly, our Health Executive Council leads monthly meetings reviewing Health REAP progress, learnings and points of need.</p>
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The Cross-Divisional GARE team continued hosting our foundational Race, Health & Equity Training to establish a shared understanding of how equity and health intersect and opportunities for knowledge, understanding, capacity, and skill to sustain a workforce engagement and empowered to further racial equity work. To date 951 Health workforce members have taken the 4 hour training where staff reported:

- Increase by at least 25% staff's self-reported:
 - a. understanding of racism as a cause of inequities (23% reported)
 - b. comfort in talking about racial equity (19% reported)
 - c. knowledge about resources and supports to further racial equity in their work (36% reported)

This FY we launched the 21-Day Racial Equity Challenge Program. The intent of the 21-Day Challenge is to grow in one's understanding of racism, privilege, and equity, participate in meaningful conversations about racism and equity at work, and build ways of doing, seeing, and acting alongside others, that create accelerated momentum toward racial equity in our workplace. To date the Health GARE cohort has hosted 4 group challenges with 36 participants.

Gare Health Cohort, co-lead by BHRS and PHPP gathered cross divisional members for its FY 21-22 retreat. During this time team members discussed strategic planning and updated committees based on current needs to the following:

TRAINING/LEARNING COMMUNITY

- Support implementation of Race, Health & Equity Training
- Identify and disseminate training materials on RHEE and Equity Training
- Assess knowledge and skills gaps
- Identify staff to lead training sessions
- Identify staff to lead training sessions
- Identify staff to lead training sessions

RESOURCE/DOCUMENTATION LIBRARY

- Identify staff to lead training sessions
- Identify staff to lead training sessions
- Identify staff to lead training sessions

CONSULTATION/CONVERSATION FACILITATION

- Identify staff to lead training sessions
- Identify staff to lead training sessions
- Identify staff to lead training sessions

TRUTH TO POWER (T2P)

- Identify staff to lead training sessions
- Identify staff to lead training sessions
- Identify staff to lead training sessions

DATA

- Identify staff to lead training sessions
- Identify staff to lead training sessions
- Identify staff to lead training sessions